

Exhibit 29



Texas Department of Criminal Justice

Brad Livingston
Executive Director

October 7, 2014

Mr. Mehdi Taheri
Water Enforcement Branch (6EN-W)
U.S. EPA, Region 6
1445 Ross Avenue, Suite 1200
Dallas, Texas 75202-2733

Re: Updated Progress Report - Compliance Plan dtd. November 1, 2011
Findings of Violation & Compliance Order dtd. July 19, 2011
PWS ID No.: Tx 0930034
Docket No.: SDWA-06-2011-1355
TDCJ – Pack Unit, PWS
Grimes County, Texas

Mr. Taheri;

A status update of the Pack Unit Arsenic Pilot Study is as follows;

Texas Department of Criminal Justice has reviewed the options stated in the status update dated July 2014 and has concluded that the Severn Trent – Bayoxide E33 filtration system which has been used successfully in Texas and previously approved by TCEQ is the correct solution for our application.

Engineering contracts for the design and construction implementation are currently being finalized along with project funding applications. As per the final report dated July 2014, engineering and construction cost are estimated at \$1,201,000 dollars and implementation time is estimated between 10.5 and 15 months depending on TCEQ pilot study protocol.

We respectfully request a time extension for design and implementation to April 1, 2016.

If additional information is required, please advise.

Respectfully,

Glenn E. Isbell, P.E.

Glenn E. Isbell, P.E.
Director of Engineering
Facilities Division
Texas Department of Criminal Justice
P.O. Box 4011
Huntsville, Texas 77342-4011

Our mission is to provide public safety, promote positive change in offender behavior, reintegrate offenders into society, and assist victims of crime.

Exhibit 30

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

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Commissary and Trust Fund Department






eCommDirect - Offender Commissary Purchases

eCommDirect Top Selling Items

The eCommDirect item detail listing below is subject to change without notice. The listing is updated on a weekly basis. On-line purchases are subject to substitution, if the item is unavailable at the time of distribution. The items available for purchase include snacks, hygiene products, correspondence supplies as well as some new packaged items. The on-line amount purchased will not affect the amount that offenders may spend on commissary items from funds deposited in their inmate trust fund account.

This table is a sample of the most popular items available from eCommDirect.

(115 items shown. Updated: 03/22/16)

Image	Item Number	Category	Description	Price	More
	00008	BEVERAGE	DIET COKE	\$0.55	Detail >>
	00010	BEVERAGE	COCA COLA	\$0.55	Detail >>
	00011	BEVERAGE	SPRITE	\$0.55	Detail >>
	00013	BEVERAGE	BARQS ROOT BEER	\$0.55	Detail >>
	00019	BEVERAGE	COKE ZERO	\$0.55	Detail >>

	00022	BEVERAGE	BOTTLED WATER	\$0.30	Detail >>
	00065	BEVERAGE	CAPPUCCINO - FRENCH VANILLA	\$1.10	Detail >>
	00079	BEVERAGE	COLOMBIAN COFFEE	\$2.15	Detail >>
	00084	BEVERAGE	PLANTATION BEST COFFEE	\$0.95	Detail >>
	00154	BEVERAGE	HOT CHOCOLATE	\$2.30	Detail >>
	02411	BEVERAGE	LEMON LIME ELECTRO	\$0.15	Detail >>
	02422	BEVERAGE	BLUE BERRY LAGOON PUNCH	\$1.15	Detail >>
	02423	BEVERAGE	PURPLE PASSION PUNCH	\$1.15	Detail >>
	02410	BEVERAGES	ORANGE ELECTROLITE DRINK	\$0.15	Detail >>
	00621	CORRESPONDENCE	THINKING OF YOU	\$0.40	Detail >>
	01326	CORRESPONDENCE	MANILA ENVELOPES	\$0.52	Detail >>
	01328	CORRESPONDENCE	WRITING TABLET	\$1.85	Detail >>













	01329	CORRESPONDENCE	TYPING PAD	\$0.85	Detail >>
	01338	CORRESPONDENCE	#10 BUS ENVELOPE	\$0.03	Detail >>
	01351	CORRESPONDENCE	BLACK INK PEN	\$0.30	Detail >>
	01355	CORRESPONDENCE	#2 LEAD PENCIL	\$0.15	Detail >>
	01358	CORRESPONDENCE	PL SPIRAL NOTEBOOK	\$3.30	Detail >>
	01359	CORRESPONDENCE	STATIONARY 25 DESIGNS	\$4.95	Detail >>
	01360	CORRESPONDENCE	RAINBOW MEMO PAD	\$2.45	Detail >>
	00031	FOOD	WHOLE SHOOT N MATCH POTATO CHIPS	\$1.35	Detail >>
	00032	FOOD	POTATO CHIPS #1860	\$0.45	Detail >>
	00035	FOOD	NACHO CHEESE CHIPS	\$0.55	Detail >>
	00040	FOOD	SALSA VERDE TORTILLA CHIPS	\$0.90	Detail >>
	00050	FOOD	JALAPENO CHEESE PUFFS	\$1.55	Detail >>

	00070	FOOD	POTATOES - 4 CHEESE	\$1.75	Detail >>
	00075	FOOD	INSTANT RICE	\$0.85	Detail >>
	00081	FOOD	BBQ CHIPS	\$1.35	Detail >>
	00089	FOOD	VANILLA WAFERS	\$1.20	Detail >>
	00092	FOOD	JALAPENO CHIPS	\$1.35	Detail >>
	00113	FOOD	JALAPENO CHEDDAR CRACKERS	\$0.25	Detail >>
	00122	FOOD	CINNAMON GRAHAM CRACKERS	\$2.00	Detail >>
	00124	FOOD	SALTINE CRACKERS	\$0.35	Detail >>
	00126	FOOD	CRACKER - PEANUT BUTTER & HONEY	\$0.25	Detail >>
	00131	FOOD	ROUND CRACKERS	\$1.65	Detail >>
	00170	FOOD	MACKEREL SRIRACHA	\$0.80	Detail >>
	00176	FOOD	SARDINES IN HOT SAUCE	\$0.65	Detail >>

	00178	FOOD	MACKEREL FILETS	\$0.85	Detail >>
	00179	FOOD	TUNA W/JALAPENOS	\$1.50	Detail >>
	00180	FOOD	TUNA IN WATER	\$1.45	Detail >>
	00188	FOOD	BARBECUE SAUCE	\$1.10	Detail >>
	00191	FOOD	CHILI NOODLES	\$0.27	Detail >>
	00194	FOOD	KETCHUP	\$1.65	Detail >>
	00196	FOOD	BEEF NOODLES	\$0.27	Detail >>
	00197	FOOD	CHICKEN NOODLES	\$0.27	Detail >>
	00200	FOOD	RANCH DRESSING	\$0.20	Detail >>
	00202	FOOD	SALAD DRESSING	\$1.20	Detail >>
	00210	FOOD	CHILI/GARLIC SAUCE - SRIRACHA	\$1.40	Detail >>
	00214	FOOD	NO CALORIE SWEETENER	\$1.05	Detail >>

	00216	FOOD	DILL PICKLE	\$0.75	Detail >>
	00217	FOOD	KOSHER DILL PICKLE - HOT	\$0.75	Detail >>
	00223	FOOD	HABANERO SAUCE	\$0.50	Detail >>
	00229	FOOD	CREAMY PEANUT BUTTER	\$1.70	Detail >>
	00238	FOOD	SQUEEZE CHEESE JALAPENO	\$1.65	Detail >>
	00259	FOOD	STRAWBERRY PRESERVES	\$1.90	Detail >>
	00261	FOOD	GRAPE JELLY	\$1.75	Detail >>
	00263	FOOD	SANDWICH SPREAD	\$1.35	Detail >>
	00269	FOOD	INSTANT NONFAT DRY MILK	\$1.00	Detail >>
	00297	FOOD	CHUNK HAM	\$3.25	Detail >>
	00310	FOOD	CHUNK CHICKEN	\$3.15	Detail >>
	00311	FOOD	CREAM CHEESE	\$0.35	Detail >>

					
	00333	FOOD	PORK SPAM	\$1.25	Detail >>
	00354	FOOD	BEEF TIPS N GRAVY	\$3.25	Detail >>
	00361	FOOD	SHRED BEEF W/BBQ	\$3.75	Detail >>
	00362	FOOD	CHICKEN CHILI W/BEANS	\$1.70	Detail >>
	00364	FOOD	L/S CHILI W/BEANS	\$1.75	Detail >>
	00378	FOOD	JALAPENO PEPPER	\$0.25	Detail >>
	00382	FOOD	L-S CHILI NO BEANS	\$1.80	Detail >>
	00403	FOOD	REFRIED BEANS	\$0.80	Detail >>
	01112	FOOD	M&M PEANUT	\$0.80	Detail >>
	01116	FOOD	BUTTERFINGER CANDY BAR	\$0.80	Detail >>
	01118	FOOD	PRIMROSE HARD CANDY	\$2.35	Detail >>

	01132	FOOD	SNICKERS BAR	\$0.80	Detail >>
	01141	FOOD	MILKY WAY BAR	\$0.80	Detail >>
	01182	FOOD	CEREAL - VARIES BASED ON AVAILABILITY	\$3.15	Detail >>
	01187	FOOD	CINNAMON JAWBREAKER	\$0.85	Detail >>
	01193	FOOD	PEPPERMINT STICK	\$0.10	Detail >>
	01194	FOOD	CHICK-O-STICK	\$0.15	Detail >>
	01195	FOOD	RAINBOW FRUITSTICK	\$0.10	Detail >>
	01201	FOOD	ENERGIZER MIX MR. NATURE	\$0.35	Detail >>
	02436	FOOD	INSTANT OATMEAL	\$1.55	Detail >>
	04130	FOOD	MARIAS COOKIES	\$0.50	Detail >>
	04140	FOOD	VANILLA COOKIES	\$1.20	Detail >>
	04145	FOOD	DUPLEX CREAM COOKIES	\$1.20	Detail >>

	09300	FOOD	TORTILLA CHIPS	\$1.55	Detail >>
	09305	FOOD	CORN CHIPS	\$1.55	Detail >>
	09308	FOOD	PORK SKINS	\$0.55	Detail >>
	09311	FOOD	TOOTSIE POPS	\$0.90	Detail >>
	09632	FOOD	SUNFLOWER KERNELS	\$0.85	Detail >>
	09643	FOOD	SALTED PEANUTS	\$0.25	Detail >>
	09650	FOOD	OATMEAL PIES	\$1.45	Detail >>
	09660	FOOD	SWISS ROLLS	\$1.00	Detail >>
	09741	FOOD	PARTY SNACK MIX	\$1.55	Detail >>
	00096	HEALTH & BEAUTY	SOAP - ANTIBACTERIAL	\$0.10	Detail >>
	01243	HEALTH & BEAUTY	NUTRITION SHAKE - VANILLA	\$0.95	Detail >>
	01244	HEALTH & BEAUTY	NUTRITION SHAKE - CHOCOLATE	\$0.95	Detail >>

	00094	HEALTH AND BEAUTY	DIAL SOAP	\$0.20	Detail >>
	00102	HEALTH AND BEAUTY	COLGATE TOOTHPASTE	\$2.20	Detail >>
	00109	HEALTH AND BEAUTY	ANTIBACTERIAL LOTION	\$0.95	Detail >>
	00117	HEALTH AND BEAUTY	DEODORANT STICK	\$2.15	Detail >>
	00119	HEALTH AND BEAUTY	ANTIPERSPIRANT	\$2.15	Detail >>
	00335	HEALTH AND BEAUTY	DANDRUFF SHAMPOO	\$1.15	Detail >>
	00336	HEALTH AND BEAUTY	AMERFRESH SHAMPOO	\$1.05	Detail >>
	00584	HEALTH AND BEAUTY	HAIR BRUSH PALM	\$0.70	Detail >>
	00703	HEALTH AND BEAUTY	POMADE HAIR DRESSING	\$2.00	Detail >>
	00704	HEALTH AND BEAUTY	COCOA BUTTER LOTION	\$0.90	Detail >>
	00766	HEALTH AND BEAUTY	BABY POWDER	\$1.00	Detail >>
	00771	HEALTH AND BEAUTY	BABY SHAMPOO	\$1.25	Detail >>

					
	01437	HEALTH AND BEAUTY	3 INCH TOOTHBRUSH	\$0.40	Detail >>
	08125	HEALTH AND BEAUTY	LUBRIDERM LOTION	\$3.50	Detail >>
	28813	HEALTH AND BEAUTY	TOILET TISSUE	\$0.50	Detail >>

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Exhibit 31



TEXAS DEPARTMENT
OF CRIMINAL JUSTICE

Pack Unit
Temperature Extremes
Hot and Cold Weather

Date: May 30, 2014

Pages: 5

Supersedes: September 16, 1013

Subject: Temperature, Extreme Conditions - Hot and Cold Weather

Reference: AD-10.64 (rev. 6) Temperature Extremes in the TDCJ Workplace
Heat Precaution (2014) Plattenburg, Rosie. Authority: William Stephens, Director CID
Correctional Managed Health Care Policy Manual Number: D-27.2
Heat Related Illness (2014) Buendel, Helen Authority: Lannette Linthicum MD
Laundry/Necessities Procedural Manual 01.02 (rev 7) Allocation of Necessities

Purpose: To establish Schedules and Procedures in preparation for Extreme Temperatures Conditions for both Hot Weather and Cold Temperatures

Procedures:

A. Extreme Temperatures Plan

The Warden in coordination with the Unit Risk Manager and Department Heads has determined acceptable working conditions. Every reasonable effort shall be made in the interest of preventing extreme temperature related injuries at this facility.

Personnel and offenders are at times required to live and work in conditions of extreme heat or cold. Frequently, situations may occur in which the work must be done regardless of the temperature or weather conditions and which dictate that appropriate clothing is worn in order to limit exposure and/or workplace conditions be adjusted to reduce the risk of injury. In either extreme heat or cold weather employees and offenders must be acclimated to the temperatures and should not be exposed to those conditions more than 3- 4 hours.

In all cases of temperature related incidents and/or injuries, medical personnel must be notified immediately and upon arrival on the scene the medical personnel will take control of the situation. The victim should be removed from the existing environment by the most expeditious means available to receive proper medical treatment. Initial body temperatures will be taken and recorded as part of that treatment.

B. Hot Weather Schedule and Preparations

Starting in May and fully implemented by June 1st and ending October 1st.

The following information is from **Heat Precautions (2014)** Author: Plattenburg, Rosie.

Wellness checks:

- TDCJ staff and medical providers shall work closely together to identify offenders susceptible to heat related issues due to the offender's current medical condition.
- The INFOPAC Report (IMS042) Provides a list of offenders identified as heat sensitive and shall be provided to officers assigned to housing areas.

- During normal security checks, officers shall conduct wellness checks and seek assistance for offender as needed.

Precautions and actions related to training:

- Ensure employees and offenders are aware of the signs and treatment for heat-related illnesses by conducting training.
- Ensure all employees currently have, or are provided with, heat related illness pocket cards and carry said cards on their person while on the unit.

Precautions and actions related to offender transport:

- Transport offenders during the coolest hours of the day.
- Use caution when transporting psychiatric inpatient offenders to another facility via chain bus.
- Transfer officers are provided a list of offenders with heat sensitivity, and shall monitor these offenders for signs of heat-related illness.
- Allow offender to take fans when being transported off the unit for a medical appointment.
- Transfer vehicles without functional fans, parked more than 15 minutes are required to place a previously purchased fan on the vehicle. Units shall ensure that fans, extension cords, etc. are in place and available when needed.
- Load and unload transfer vehicles as quickly as possible.
- Security is the first priority at every Backgate; however, we must always be aware of heat-related issues when buses occupied by offenders sit for any length of time (buses may circle the perimeter if the unit foresees an extended wait time). Every reasonable effort shall be made to ensure buses get into and out of the backgate in a safe and expedient manner.
- Water coolers on buses should be refilled at various times during the trip to ensure water remains at the appropriate temperature. Cups shall be made available to offenders on buses.
- Store paper towels to be saturated with water and used during emergency situations when transporting offenders.

Precautions and actions related to outside activity:

- Restrict outside activity (work hours) in accordance with AD-10.64, "Temperature Extremes in the TDCJ Workplace."
- Ensure all staff and offenders working in areas of extreme heat (i.e., field, maintenance, yard squad) are provided frequent water breaks.
- Provide additional water, including ice if available, to employees and offenders in work areas; units shall coordinate with maintenance and laundry and food service.

Precautions and actions related to offender housing assignments:

- Medical staff are responsible for ensuring that all HSM-18 medical restrictions on the IMF medical screen or HSIN sensitive medical restrictions including but not limited to an offender on Psychotropic medications, are up to date to facilitate the appropriate means of transportation method and housing assignment for each offender.
- Heat sensitive restrictions shall be considered when making housing assignments.

Precautions and actions to be taken in offender housing areas:

- **Make water and cups available at all times,** to include during meal times.
- Make sure offenders are provided a cup when distributing water. In the event an offender does not have a personal cup, and shall be provided. The Food Service Department can provide items as needed.
- **Provide additional water, including ice if available, to employees and offenders in the housing areas.**

- Allow additional showers for offenders when feasible. Lower the water temperature for single-temperature showers in offender housing areas.
- Allow offenders to wear shorts in dayroom and recreation areas.
- When utilizing fans, air should be drawn through the structure and exhausted outside. Take full advantage of the fresh air exchange system or prevailing winds to assist in the movement of air as applicable.
- Increase airflow by utilizing blowers, normally used to move hot air in the winter, when appropriate. Attach ribbons^{to} vents to ensure blowers are used appropriately. Make sure window screens are clean so as not to restrict airflow.
- Posters shall be placed in housing areas reminding offenders of heat precautions and water intake.

Precautions and actions to be taken related to offender fans:

- Remember, offender fans should not be confiscated due to property restriction during this time. Fans shall be confiscated only if they are altered or stolen.
- All offenders shall be permitted to purchase a fan if they do not have one.
- Fans shall be allowed to all custody levels, to include administrative segregation and disciplinary status. Offenders with fans stored based on these restrictions shall have their fans re-issued for the time period specified in this posting.
- Ensure the fan program is in place allowing the permanent issue of a fan to an indigent offender, on a first come first serve basis. Offenders who have significant medical needs, based on a condition or medication that is negatively impacted by the heat, shall be given priority.

Precautions and actions to be taken related to maintenance:

- Coordinate with their food service and maintenance departments to ensure ice-machines are working properly and all needed maintenance has been completed.
- Ensure all needed maintenance to blowers has been completed.
- Ensure all needed maintenance to fans has been completed.

C. Temperature, Extreme Procedures, Housing Areas

- Dormitory exhaust fans shall be utilized to provide fresh air ventilation and maintain acceptable temperatures.
- Drinking water containers shall be removed from the dorms, sanitized and filled with fresh ice water at a minimum twice daily.
- At the Senior Warden's or Regional Director's direction Dorm & Administration Segregation Temperature Checks will be taken twice daily.
- Medical shall provide a list of heat sensitive offenders to security staff. All offenders with heat sensitive medical restrictions shall be checked hourly to ensure their well-being.

D. Cold Weather Schedule and Preparations

Starting October 1st and ending May 31st.

- Ensure employees and offenders are aware of the signs and treatment for cold-related illnesses by conducting frequent training.
- Clothing considered appropriate for offenders working in cold weather shall include: thermal underwear, insulated jackets, cotton or leather gloves, insulated hoods, work shoes and socks. The Wind Chill Index shall be used to determine the need for insulated hoods and leather gloves. Appropriate clothing shall be issued even when the index indicates little danger of exposure injury.
- If guidance is needed, medical staff shall be contacted to determine appropriate clothing and footwear needed to prevent cold injury.

- Care shall be taken to prevent perspiration which could soak clothing and thus compromise the clothing's insulating value.
- Layers of clothing shall be removed or added according to the effective temperature and level of physical activity.

E. Outside Work in Extreme Temperatures Conditions

It is imperative that all officers assigned to supervise outside work squads be fully cognizant of this SOP and AD 10.64. He/she will be trained to recognize signs of heat & cold stress and must know emergency procedures for treating any weather related physical trauma as well as basic first aid. The Senior Warden, or designee, with assistance from the Unit Risk Manager using current local weather information, and wind chill/heat index charts, must authorize outside work when the Heat Index is 105° Fahrenheit or above or below 42° Fahrenheit.

For the purpose of this SOP, Extreme Heat is defined as a Heat Index of 105° Fahrenheit or above or below 42° Fahrenheit.

Maintenance: May turn out in any weather for emergency repairs or for inside work.

Community Work Squads:

May turn out in any weather, if working indoors, out of the weather.

- NOTE: May be used to help secure outside area if severe weather is expected.

Line Force: Will not turn out in rain or extremely wet conditions, or when the Heat Index is 105° Fahrenheit or above or below 42° Fahrenheit, without a Warden's approval.

Outside Yard Squad:

Same restrictions as Line Force, except: Duty Warden may direct squad to turn out to address safety/security issues outside the Unit, in emergency situations.

**Trash Crew:May be turned out in any weather.

**Inside/ Outside Yard Squad:.....May be turned out in any weather.

***Farm Shop, Buffalo Ranch, Livestock Handlers/Kennel Workers: May be turned out in any weather.

** These jobs are critical to the safe and sanitary operation of the unit. The senior security supervisor will authorize these squads to turn out at their discretion. That supervisor shall ensure the officer detailed to supervise these squads is familiar with this SOP and AD-10.64, and that the work squad is properly clothed and gets frequent breaks from the weather.

***These squads are critical to the operations of each area. During temperature extremes the duty warden and area supervisor shall determine the size squad needed to complete necessary duties.

F. Safety Training

Training in the prevention of temperature extreme injury is provided by unit medical staff to all supervisors designated by the Warden. Cold Training shall be completed in September, and Heat Training shall be completed in May of each year.

1. Supervisors shall be responsible for training employees and work assigned offenders.
2. Non-work assigned offenders shall be notified of heat awareness via the dayroom bulletin boards and/or other means such as the Unit offender Orientation Handbook or the UTMB video "Heat-Related Illness" via the closed circuit television system.

Copies of completed rosters shall be provided to the unit Risk Manager for record keeping and proper dissemination as required.

A handwritten signature in black ink, appearing to read "Robert Herrera", is written over a horizontal line.

Robert Herrera
Senior Warden
Pack Unit

Exhibit 32

SECOND DECLARATION OF FRED WALLACE

1. My name is Fred Wallace. My date of birth is May 7, 1943. My TDCJ number is #1663689.
2. I have been an inmate in the Texas Department of Criminal Justice (TDCJ)'s Wallace Pack Unit in Grimes County, Texas since 2012. I am assigned to the Pack Unit's A Building, dorm 3.
3. I take medication to treat my depression. For several years, I have taken Prozac. Before I was on Prozac, I would have trouble sleeping. I would constantly have low energy, and feel lethargic and irritable. I also had thoughts like "I'd be better off dead." The Prozac helps to control my depression, and I know it is very important that I take it. My symptoms come back whenever I stop taking the Prozac. (F.W.)
4. There is no air conditioning in the Pack Unit's A Building dormitories, and during the summer it gets unbearably hot. I'm not one to normally get headaches, but during many hot days of the summer I feel a throbbing, aching pain in my head. Sometimes the heat gets so bad I start feeling dizzy and want to throw up.
5. During the summer months, I feel fatigued every day, so much so that it's hard to walk anywhere, even to the chow hall, which is not very far from my dorm. I can't find the energy to walk to chow hall. And the heat is so severe it takes away my appetite.
6. Many days in the summer, I experience terrible cramps that are excruciatingly painful. I only experience these cramps during the summer in the heat.
7. I have to stand in line to get my medications every day. During July and August, standing in the pill line every day is like standing in a hot box. There are no windows in the hall where the line forms, and it is not air conditioned. When I'm able to bear it, I usually have to stand in the line for 30 minutes or more. Sometimes I have to leave the line because I feel as if I'm going to pass out. On some days each summer, it is too hot for me to stand in line, so I don't get my medications.
8. The infirmary is not very helpful when I feel sick because of the heat. I've gone to the infirmary when I feel overheated and been sent back because I didn't fill out an I-60 first (an inmate "sick call" request). So, I usually just try to bear the heat. (F.W.)
9. I've only ever tried to use an area listed on TDCJ's "Notice to Offenders" once, and that was a bad experience. In mid-August 2015, I was standing out in front of the commissary when I started feeling faint and overheated. I felt like I was going to pass out. I asked a guard if I could go into the barbershop, which was the closest listed area to where I was standing. The posters TDCJ hung up said the

barbershops would be open to help with the heat, so I asked to go there. The guard said no and walked away. I needed to go to an air conditioned area, and was unable to. I felt so sick that I sat down on the floor in front of the commissary. Only when the guard returned about 15 minutes later, he said to me, "you look like you're going to die," and then finally let me go into the barbershop. I stayed in the barbershop for about 30 minutes before returning to my dorm. When the guard saw me later that day during the count, he didn't even look to see if I was ok.

10. The barbershop is small, and probably only holds about 8 people. It definitely could not hold 20 people.
11. TDCJ installed ceiling fans in the dormitories this past summer (2015). Those ceiling fans do not make it cooler for me in the summer. Even with the fans, it feels to me to be about the same temperature inside and outside during the summer.
12. From my experience, when it gets very hot, the fans don't do any good—they just pull hot air from the ceiling and blow it on the inmates below. To me, it feels like me and the inmates and my dorm are living in an oven.
13. We have a jug in our dormitory that's filled with ice and water every morning. Once it's filled, a line of 10-12 people immediately forms in front of the jug. The jug usually stays empty for about two hours each afternoon. We do not have access to ice water at all times.
14. ~~I usually take a cool-down shower at 2:00 PM every day.~~ Cool-down showers are only good for as long as you're under the cool water, but once you get back to your dormitory it is so hot and humid it's as if you never took the shower at all. I immediately feel hot and miserable again.
15. During the summer when I am inside at the Pack Unit, I regularly feel weak and dizzy. I sweat so terribly much that my shirt is soaked through. I have to strip down to nothing but my boxers in order to sleep at night. This is misery. I have never lived or worked in a place so hot and miserable.
16. I am over 18 years of age, of sound mind, and capable of making this affidavit. The facts stated herein are within my knowledge and are true and correct.

Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury that the foregoing is true and correct.

Signature:  Dated: 12/18/15
Fred Wallace

Exhibit 33

SECOND DECLARATION OF RICHARD KING

1. My name is Richard King. My date of birth is August 1, 1946. My TDCJ number is #00516700.
2. I have been an inmate in the Texas Department of Criminal Justice (TDCJ)'s Wallace Pack Unit in Grimes County, Texas since July 2011. I am assigned to the Pack Unit's E Building, dorm 20, bunk 55, which is separate from the Pack Unit's main building.
3. On the hottest days of the summer, living in the un-air conditioned Pack Unit dormitories is like living in an oven. The heat drains my energy and makes me feel tired all the time. I am constantly sweating during the summer months. The sweat pools in my eyes and stings. I often wake up in the middle of the night drenched in sweat, like when you would have a high fever. My mattress is covered in plastic, and I still sweat so much during the summer that I wake up with standing water on my mattress. Sometimes I have to crawl down onto the floor of my dormitory to sleep on the floor because it feels cooler lying there than on my bed.
4. The only thing I've found that really helps with the heat is when I soak a small towel in water and sit with it in front my personal 9-inch fan, which I bought from the commissary. Even then, I can't get a restful sleep when its very hot, so I go many hot summer nights with little to no sleep.
5. The heat also makes me lose my appetite, which is especially dangerous for me because I have diabetes and take insulin. I have to eat to keep my blood sugar balanced, but there are many days during the summer when the heat takes my appetite away, making eating difficult.
6. Luckily, I am able work in the craft shop Monday through Thursday. Part of the craft shop, the woodworking room, has AC. If I am feeling too hot in the part of the craft shop where I paint, I can go into the woodworking room for a little bit to cool off. The craft shop area with air conditioning seats only around ten people.
7. I have been working in the craft shop since 1992. Out of the entire Pack Unit, only about 40 inmates in total can be assigned to the craft shop. Inmates who want to work in the craft shop starting today have to apply, and there is generally a 2-3 month wait list due to the limited number of available seats. Also, inmates who want to work in the craft shop initially need a minimum balance to work with certain crafts, so the craft shop is not available to everyone who wants to work there. The craft shop is only open certain hours each day Monday-Thursday (usually around 7:30 am to noon, then 1 pm to 4:30 pm), so I can never go there other than those times. If I feel sick from the heat any other time, I cannot go to the craft ship to get out of the heat. The only reason I am allowed to be there is because I went through the application process and was approved to be there. The other people who are in the craft shop with me also had to be approved.
8. I do not have the ability to sit in an air conditioned space whenever I feel I need it.

9. Prisoners cannot actually go to the locations on the TDCJ "Notice to Offenders." Unless an officer escorts me or approves me to go, I cannot go to the Education Department, Lower Administration, Officers Dining Hall, Laundry Captain Office, Food Service Captain office, Lieutenants office, Regular Visitation Room, Barber Shop, Trusty Camp office, Trusty Camp visitation, Trusty Camp Food Service office, Agricultural office, Farm Shop office, Kennel office, Unit Maintenance Office, Warehouse Office, or BOQ dayroom. To get to any of these locations, I would have to go through several doors that are almost always locked, and I cannot open unless an officer opens it for me.
10. When TDCJ posted the "Notice to Offenders," we were not told that anything had changed. I never saw any inmates going to the areas listed on the notice. *BECAUSE OF HEAT. RK 12-18-15*
11. Unlike other summers, TDCJ did some things differently this summer (2015) supposedly because they knew they had to make the heat more bearable at the Pack Unit. A few of the changes helped a little, but most of the changes didn't make a difference.
12. No one at the Pack Unit gave me any training about heat safety. All I received was a 1-2 page bulletin at the beginning of the summer from the craft shop supervisor that talked about heat safety. It was very informal, and I had to sign something that said I received the bulletin and return it to the supervisor, but no one ever explained what it was about to me, or talked with me about the dangers of heat.
13. I have not used any of the areas listed on the "Notice to Offenders" to get out of the heat, and I do not know anyone who has tried. Based on my experience living in the Pack Unit for several years, inmates cannot just walk into one of those areas whenever they want. The Pack Unit is a prison, which means guards and rules restrict our freedom to go places within the unit. Inmates have to ask a guard or fill out an I-60 in order to go to the law library or the barber shop, for example, which defeats the purpose because I-60s take time to process and guards often refuse to let us go places or will just send us to the infirmary if we say we're feeling bad. And I cannot imagine ever being permitted to go to the Officer's Dining Hall for any reason. We just do not go there. On top of that, if inmates actually used the areas to get out of the heat, those areas would very quickly become extremely crowded—they are not big enough to seat a bunch of inmates wanting to get out of the extreme heat. Those spaces really aren't meant for resting and cooling off. So when it gets hot, there isn't much I can do besides wet down a towel and get in front of my personal fan.
14. The infirmary is supposedly one of the identified areas, but I did not go to the infirmary because of the heat this summer. Whenever I have gone to the infirmary, the people in the infirmary really do not do much to help. When I have been there, the infirmary tends to be cram-packed with inmates, which leaves very little space for inmates to rest or spend time in the air conditioning. And even if I went into the infirmary to sit in the air conditioning for 30 minutes, I would just end up leaving right back into the heat that put me there. The heat in my dormitory actually feels worse to me after sitting in air conditioning because of the huge change in temperature.

15. Unlike in the main building, no new fans were installed in the E Building this summer. We have had ceiling fans in the E Building for a while. Those fans generally produce a lot of air and are somewhat helpful on less hot days if they're blowing right on me, but mostly they just blow hot air around. Likewise, the ventilation in E Building only feels like it is bringing in hot air from outside and moving it around. There are also four pedestal fans placed at each end of our dormitory, but they only reach the first 3-4 bunks and don't help me at all since my bunk is at the opposite end of the dorm from the fans.
16. I sweat a lot, so access to ice water all day is necessary for me. This summer we were provided water jugs with ice, which was a change from summers before the lawsuit was filed. Even though the water situation this summer was better than it has been other summers, it can take around 2-3 hours for the inmates who are assigned to refill our water to make their rounds and often it takes a few hours for the water to be refilled, especially on the hottest days. My dorm only has 2 ten-gallon jugs for 111 people, so it runs out pretty fast and not everyone can get water each time the jugs are filled up. It is not true that ice water is available at all times in the dorm.
17. I have been told there are high levels of arsenic in the water at the Pack Unit, but I have to continue drinking it because I do not really have any other choice. I can only buy so much bottled water because I don't have enough locker storage space to keep many bottles.
18. I can take showers from around 6:30 AM to 11:00 PM in E Building, but we only had hot-water showers in my area of the dorm this summer. I take numerous showers in the summer, which help me feel cool while I'm in the shower. Once I get out and return to my dorm, I feel hot again and start sweating as soon as I have dried off from the shower.
19. TDCJ's new measures do not change the fact that summers at the Pack Unit are still absolute misery. Given my age, medical conditions, and the way the heat affects me, the heat is a very real risk to my health. I feel like my body is not designed to live in this type of heat, and I am very worried that I will become sick or even die because of the heat inside the Pack Unit. I know inmates with my type of health problems and disabilities have died inside Texas prisons from heat stroke.
20. I am over 18 years of age, of sound mind, and capable of making this affidavit. The facts stated herein are within my knowledge and are true and correct.

Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury that the foregoing is true and correct.

Signature: Richard King Dated: 12-18-2015
Richard King

Exhibit 34

SECOND DECLARATION OF KEITH COLE

1. 1. My name is Keith Cole. My date of birth is September 2, 1953. My TDCJ number is #00728748.
2. I have been an inmate on the Texas Department of Criminal Justice (TDCJ)'s Wallace Pack Unit in Grimes County, Texas since 2011. I am assigned to the Pack Unit's B Building, dorm 6, bunk 18.
3. There is no air conditioning in the Pack Unit dormitories, and summers at the Pack Unit are so hot it feels like sitting in front of an open oven door. The heat is not only uncomfortable, it is dangerous. B Building gets so hot that it often gets hard to breathe. I feel like I'm suffocating and can't catch my breath. The heat triggers my angina and causes my heart to beat faster than normal, like I have been running a race. It feels like my heart is racing all the time during the summer, even when I'm just lying down in bed. During the summer months, I often get nauseated and disoriented, and on the hotter days, I see black flashes in front of my face and cannot concentrate enough to read the captions on the TV screen in the day room. My dormitory stays so hot on summer nights that I go hours and hours without being able to sleep. On the hot nights I only get 2-3 hours of sleep. Even when I can fall asleep, I wake up feeling like I haven't slept at all. My thirst is never quenched in the summer, and I feel drained and dizzy due to dehydration. I rarely if ever feel that way during other times of the year.
4. I have high blood pressure and coronary artery disease for which I must take medications that make it very dangerous for me to be in extreme heat. And because I'm diabetic, I urinate often and can't intake a lot of salt. Because of my conditions, I am prone to dehydration. It is very hard for me to stay hydrated in the summer because of my medical conditions and because I lose water constantly through sweat.
5. I get to work in the craft shop Monday-Thursday. I do leather work in the area of the craft shop without air conditioning. If I get too hot, I can get permission to rest in the woodworking room, which has air conditioning. The woodworking room might be able to hold ten inmates at a time. It is not very big. Since the craft shop is only open Monday-Thursday, I cannot go there on other days to get out of the heat. To be permitted in the craft shop, you have to get prior approval from TDCJ. There's only room for about 40 inmates in the craft shop, and only 10 in the air conditioned space, so I have been told by TDCJ staff that a new inmate generally cannot be approved unless one of the 40 currently approved inmates gives up his spot for good or gets kicked out.
6. Even though I have applied and been approved to work in the craft shop, I cannot just leave my dorm and walk over to the craft shop any time I want. An officer has to call me out of my dorm or escort me to the craft shop. Inmates who are approved to go to the craft shop are never guaranteed to be able to go because the craft shop is randomly closed some days in the summer, such as when the unit is short-handed or the craft unit supervisor is out.

7. I do not have the ability to sit in an air conditioned space whenever I feel I need it.
8. During the days of the week when I cannot go to the craft shop, I do not have access to air conditioning. In late July 2015, and posted a "Notice to Offenders" in the dormitories listing areas for inmates "who are experiencing difficulty due to heat." The heat makes every day difficult.
9. One of those areas includes the law library, but from my experience, inmates have to submit an I-60 in order to go to the law library.
10. Prisoners cannot actually go to the locations on the TDCJ "Notice to Offenders." Unless an officer escorts me or approves me to go, I cannot go to the Education Department, Lower Administration, Officers Dining Hall, Laundry Captain Office, Food Service Captain office, Lieutenants office, Regular Visitation Room, Barber Shop, Trusty Camp office, Trusty Camp visitation, Trusty Camp Food Service office, Agricultural office, Farm Shop office, Kennel office, Unit Maintenance Office, Warehouse Office, or BOQ dayroom. To get to any of these locations, I would have to go through several doors that are almost always locked, and I cannot open unless an officer opens it for me.
11. When TDCJ posted the "Notice to Offenders," we were not told that anything had changed. I have not seen any inmates going to the areas listed on the notice because they complained about heat.
12. I do not think the areas are very practical because they are small and cannot fit enough people to make much of a difference. The law library, for example, holds about 36 people. And from my experience as an inmate in the Pack Unit, I have to file an I-60 to go to the designated respite areas, and I-60s must be filed a day in advance. My experience also tells me that, if I were to ask an officer to go to a respite area to get out of the heat, he or she would just assume that I'm sick and send me to the infirmary.
13. Other than posting the flyer, TDCJ has never told the inmates anything about the respite areas. Most inmates do not believe we can really go to one when we are hot because it is very against our experience as prisoners that we could wander around the prison whenever we want to. Many of the "respite areas" are places an inmate would never, or very rarely, go, like the captains' offices.
14. Although I have never specifically asked to go to a respite area to get out of the heat, my friend Buzz Jackson's bad experience has kept me from even trying. I saw Buzz standing in the commissary line, which is in a hallway where there is no air conditioning, when he started to over heat. I saw him ask an officer if he could go to the inmate barbershop to cool off, since the barbershop is only about 15 feet away from the commissary line. The officer told Buzz he could not go to the barbershop to cool off and that, if he was going to send Buzz anywhere, it would be to the infirmary. The officer then threatened that, if Buzz turned out not to be sick, he would write Buzz a disciplinary for lying to an officer. Buzz didn't end up going to the barbershop or the infirmary because he didn't want the

guard to write him up. This happened summer 2015, right after TDCJ posted the notices. Buzz's exchange with the officer is par for the course at the Pack Unit. If you're hot, officers either won't do anything or they will send you to the infirmary, so there's no real point in saying anything about the heat unless you are ready to be sent to the infirmary.

15. Cool-down showers are offered from 12:30 PM to 3:00 PM and again from 7:30 PM to 8:00 PM. Most days I do not get to take a cool down shower because I am in the craft shop. When I do take a cool down shower, I find the impact of those showers limited. The water is cold, so it feels good while I am in the shower, but that feeling goes away as soon as I am back in the heat.
16. Before the lawsuit was filed, we did not have regular access to ice water during the summer. Now we have what I think is a 10-gallon jug in our dorm that gets filled to the top with ice and water every morning and then throughout the day. At least once a day, usually during the hottest part of the day, the jug will go 2-3 hours without being filled. The problem is that the jug does not hold enough water for all the inmates in my dorm, so it empties too quickly for every inmate to get water. There are 54 inmates in my dorm, so there is very little ice water to go around from the jugs.
17. TDCJ installed new ceiling fans in the B Building this summer, which only are useful at lower temperatures. Once it gets very hot, I do not think those ceiling fans do much good because they just bring the hot air down from the ceiling. And unless your bunk is near the fans, you do not benefit from them at all. The exhaust fans connected to the outside similarly only bring in and circulate hot air.
18. There are also fans in the day room, but those fans only benefit the inmates that manage to get a seat right in front of the fans. Usually only the younger, stronger inmates are able to get a good seat on the benches in front of the fans.
19. I am over 18 years of age, of sound mind, and capable of making this affidavit. The facts stated herein are within my knowledge and are true and correct.

Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury that the foregoing is true and correct.

Signature:  Dated: 12-18-2015
Keith Cole

Exhibit 35

SECOND DECLARATION OF MARVIN YATES

1. My name is Marvin Yates. My date of birth is December 08, 1944. My TDCJ number is 01581418.
2. I have been an inmate in the Texas Department of Criminal Justice (TDCJ)'s Wallace Pack Unit in Grimes County, Texas since the summer of 2011. I am assigned to the Pack Unit's A Building, dorm 3, bunk 53.
3. Pack Unit dormitories are not air-conditioned and become very hot during the summer. During the hottest days, I feel as though I'm sitting under a heat lamp, or in front of an oven door.
4. I have chronic obstructive pulmonary disease (COPD), and the heat makes it very difficult for me to breathe. When I feel like I cannot get air, which happens about every other day during the summer months, I have to put a wet towel on my face to help me breathe and use my steroid treatments more often. Breathing in the extreme heat and humidity feels like being in a dust storm, it smothers me. Although I sometimes experience headaches during the year, the summer heat gives me throbbing headaches much more severe than normal. Summers at the Pack Unit are so hot they make me feel nauseated and give me dizzy spells where I rock back and forth and feel like the room is moving around me, and I usually feel that way about twice a week during the summer months. Sometimes I see what looks like a mirage or gasses evaporating, and I have to wet my face and sit down. Because of the heat, I spend the summer feeling exhausted and drowsy. I cannot even find the energy to eat, and the heat usually takes away my appetite.
5. Even though I often feel sick and have trouble breathing during the summer, I do not usually go to the clinic because, in my experience, they will not do anything unless it is an emergency. Otherwise, I have to submit an I-60 and wait ~~a day or two~~ before they will see me. { 3 To 5 DAYS
m.y. }
6. Since the lawsuit was filed, TDCJ has changed a few things, but those measures have not helped. { m.y.
PERMISSION }
7. I do not have ~~the ability~~ to sit in an air conditioned space whenever I feel I need it.
8. Prisoners cannot actually go to the locations on the TDCJ "Notice to Offenders." Unless an officer escorts me or approves me to go, I cannot go to the Education Department, Lower Administration, Officers Dining Hall, Laundry Captain Office, Food Service Captain office, Lieutenants office, Regular Visitation Room, Barber Shop, Trusty Camp office, Trusty Camp visitation, Trusty Camp Food Service office, Agricultural office, Farm Shop office, Kennel office, Unit Maintenance Office, Warehouse Office, or BOQ dayroom. To get to any of these locations, I would have to go through several doors that are almost always locked, and I cannot open unless an officer opens it for me.

9. When TDCJ posted the "Notice to Offenders," we were not told that anything had changed. I never saw any inmates going to the areas listed on the notice.
10. One time this summer (2015), I was in the barbershop getting my haircut when I saw an officer come by and ask one of the other inmates in the barbershop what he was doing there. I heard the inmate say he was trying to get cool, and then I heard the officer reply that the inmate had to leave unless he was there to get a haircut. He could not use the barbershop as a respite area, even though the barbershops are listed as areas on the posters. The barbershops are also small, and only about 8-10 people can fit in there at one time.
11. The law library is also listed as a respite area, but we cannot go to the law library whenever we want, or whenever we need to in order to cool down. We have to have a pass (a "lay-in") approved by the law librarian to be allowed in. The law library only sits about 25-30 people, so there is no way a significant number of inmates could use it as a respite area during the summer. Also, the law library is only open from 8:30 AM to 11:15 AM and again from 12:30 AM to 2:30 PM, which means it is closed during some of the hottest times of the day.
12. The list of areas on the "Notice to Offenders" does not mean anything to me because inmates cannot leave our dorm unless we submit a request, get a lay-in pass, have an appointment, or otherwise get permission to go somewhere.
13. The Pack Unit puts up instructions about how to deal with the heat, but they are hard to read and don't give us much useful information. At least that I know of, no officials ever made any announcements that the instructions were put up or gave any training on heat safety to inmates who do not have assigned jobs (like me).
14. The ventilation doesn't help at all, as far as I can tell. It just feels like it is blowing hot air.
15. The water jugs we have in our dorms are filled with ice and water when they are brought to our dormitory every morning, but they run out before all the inmates in my dorm can get water. Inmates doing rounds usually refill the jugs about three times a day, but sometimes the inmates do not refill on schedule. The jug in my dorm usually remains empty for at least 30 minutes each day, and sometimes, on the hottest days, it's gone up to 4-5 hours without being refilled because inmates have drank all the water.
16. The jugs do not have enough water for all the inmates in the dorm to drink very much, if any.
17. There is no way to get away from the summer heat in the Pack Unit. Even with the fans, and the limited ice water jugs, spending the summer in the Pack Unit is like spending three months in an oven. I spend the summer feeling like I'm going to die, and I believe one of these summers the heat may actually kill me.

18. I am over 18 years of age, of sound mind, and capable of making this affidavit. The facts stated herein are within my knowledge and are true and correct.

Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury that the foregoing is true and correct.

Signature: Marvin Yates Dated: 12-18-15
Marvin Yates

Exhibit 36

SECOND DECLARATION OF JACKIE BRANNUM

1. My name is Jackie Brannum. My date of birth is May 4, 1954. My TDCJ number is #00691377.
2. I have been an inmate in the Texas Department of Criminal Justice (TDCJ)'s Wallace Pack Unit in Grimes County, Texas since 2001. I am assigned to the Pack Unit's B Building, dorm 8.
3. The Pack Unit's B Building does not have any air conditioning, and since the building is made of metal, it feels like I'm living and sleeping in a hot box all summer long. During the summer months, the heat is unbearable. I often experience migraines during the summer that are much, much worse than other times of the year, and feel like the top of my head is going to blow off. When I have a migraine, the best thing for me to do is get in a dark, cool spot, but that is basically impossible during summers at the Pack Unit. The heat makes me feel dizzy, like I will throw up. In fact, I did vomit during the summer of 2014 because of the heat. The heat also makes me feel very tired and weak, and on the hot days of the summer I feel lightheaded and lose my ability to focus and see. I often have trouble breathing, as if there is something really tight around my chest. I get cramps on the back of my legs that last for 10-15 minutes at a time. The pain is terrible. I also experience painful rashes during the summer that go away when the temperature goes down. The high summer temperatures take away my appetite, but I am diabetic, so it is important that I am able to eat to maintain my blood sugar levels.
4. It does not help me to go to the infirmary when I feel sick because of the heat. During summer 2015, I had a headache that lasted ten days straight, which made it very hard to sleep at all. I went to the infirmary and complained about the heat, and the people there said, "TDCJ won't let us do anything."
5. I spend most days of the week in the craft shop, which is open Monday through Thursday from around 7:30 am to noon and from around 1:00 pm to 4:30 pm. I work in the non-air-conditioned section of the craft shop. I cannot go to the craft shop on Friday or the weekend, or any time after 4:30 pm.
6. On the days of the week when the craft shop is not open, I cannot go ~~anywhere else~~ ^{there} to get air conditioning.
7. I do not have the ability to sit in an air conditioned space whenever I feel I need it.
8. I have seen the "Notice to Offender" postings for prisoners having "difficulty with the heat," but those areas are not accessible to me. You have to get an officer's permission to go to these areas. And inmates are required to fill out and submit an I-60 to go to areas like the law library. The last time I tried to go to the infirmary, I had to ask an officer who told me to wait for someone to call me over, but nobody ever called. That happens a lot. I have experienced that kind of thing too often, so much I have given up trying. I know many other inmates have tried also.

9. Prisoners cannot actually go to the locations on the TDCJ "Notice to Offenders." Unless an officer escorts me or approves me to go, I cannot go to the Education Department, Lower Administration, Officers Dining Hall, Laundry Captain Office, Food Service Captain office, Lieutenants office, Regular Visitation Room, Barber Shop, Trusty Camp office, Trusty Camp visitation, Trusty Camp Food Service office, Agricultural office, Farm Shop office, Kennel office, Unit Maintenance Office, Warehouse Office, or BOQ dayroom. To get to any of these locations, I would have to go through several doors that are almost always locked, and I cannot open unless an officer opens it for me.
10. When TDCJ posted the "Notice to Offenders," we were not told that anything had changed. I never saw any inmates going to the areas listed on the notice
11. New ceiling fans were installed in the dormitories this summer, but they just push hot air around the room without having a cooling effect when it is very hot. It gets awfully hot with or without the ceiling fans. Sometimes the day room fans help, but only if you're sitting on the bench right in front of a fan. There's not enough room on those benches for everyone to sit in front of a fan.
12. The summer heat also means that I cannot really sleep at night. I only can sleep from about 2:00 AM to 6:00 AM. I sweat a lot during the summer months, and I can't ever seem to get comfortable enough to sleep because of the heat.
13. We have a water jug in B Building that gets filled every morning with ice and water. I drink a ton of water every day. When the water runs out, whether it's refilled again quickly depends on the officer in charge of making sure it gets refilled. On bad water shifts, it can take up to ~~2-3~~ ³⁻⁴ hours before the water is filled up again. I even saw the jug go empty for 3-4 hours one or two times this past summer. No one keeps track of our water intake or when ice water is brought.
14. The heat is unbearable. The heat makes it hard for me to breathe. I sweat constantly and the sweat drips into my eyes and mouth. Being ~~in any of the Pack Unit's brick buildings~~ ^{inside the} without air conditioning is so difficult for me that it feels like torture during the summer. *AB*
15. Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury that the foregoing is true and correct.

Signature: Jackie Brannum Dated: 12-18-15
Jackie Brannum

Exhibit 37

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

KEITH COLE, JACKIE BRANNUM, §
RICHARD KING, DEAN ANTHONY §
MOJICA, RAY WILSON, FRED §
WALLACE, and MARVIN RAY YATES, §
individually and on behalf of those similarly §
situated, §

Plaintiffs, §

v. §

BRAD LIVINGSTON, in his official §
capacity, ROBERTO HERRERA, in his §
official capacity, and TEXAS §
DEPARTMENT OF CRIMINAL JUSTICE, §

Defendants. §

CIVIL ACTION NO.
4:14-cv-1698

DECLARATION OF LAVAR SANTEE

1. My name is Lavar Santee. I have been a prisoner in the Wallace Pack Unit in Navasota, Texas, in Grimes County, Texas for five years. My TDCJ number is # 1571564. My date of birth is July 29, 1981.
2. I am 34 years old. I was born and raised in the area of Houston, Texas.
3. At the Pack Unit, I am housed in the "main building," dormitory 15. I have worked as a clerk in the kitchen commissary during the last two summers. This job involves physical labor.
4. I consider myself to be in good health. I am not aware of any medical restrictions on my activities at the prison.

5. Before coming to prison, I worked as a laborer, and regularly worked outdoors, including during the summer.
6. The Pack Unit is at times miserably hot inside during the summer. It feels like a hot box. From my perspective, the ventilation does not feel like it does anything to make the inside feel cooler than the outside.
7. Even at night, the heat is bad enough that I have a hard time sleeping. On the hottest nights, when I go to bed around 10 pm, I will often not get to sleep until around 1 am. On some nights, I wake up sweating. The mattresses feel like they trap heat, and make it hard to sleep. I sometimes will try to sleep on the floor, where it is a little bit cooler, but that is against policy and often when I try to sleep on the floor officers will tell me to get back in my bunk. I do not have much trouble sleeping during other times of the year.
8. During the summer, I often feel closed in with the heat, so that it is overbearing. I also feel exhausted for no other apparent reason on hot days, even when I am not exerting myself. I have experienced muscle spasms from the heat. I do not feel this way during other times of the year.
9. When I am in the housing areas during the day, I sweat constantly.
10. Virtually every day during the summer there are times when the ice water jug in my dorm is empty.
11. I regularly feel nauseous during the summer on hot days. I get a bad taste in the back of my mouth, and feel like I want to throw up. My stomach hurts, and I feel very uncomfortable.
12. Although I do visit the medical department when I am sick, I do not feel that the medical department can do anything meaningful to help with the heat. This is especially true because a normal visit requires about two days advance notice with a "sick call" request. Also, I believe that I would be charged \$100 per year when I ask for a normal visit. I don't want to pay the fee because I don't believe the medical staff can do anything about the heat.

13. I had not seen the posters describing places where people “experiencing difficulty due to the heat” may go until one of the Plaintiffs’ lawyers in this case showed it to me in early 2016. My understanding is that I do not have a right to access air-conditioned areas, and that it is up to a guard’s discretion whether or not I can spend time in air conditioning. I do not have the ability to sit in an air-conditioned space whenever I feel like it.

14. I do not believe that if everyone in my dorm asked for access to an air-conditioned area at the same time, that we could or would get access.

15. I am concerned that the tap water is potentially dangerous due to arsenic and fecal coliform levels.

16. I have seen many other prisoners get sick during the summer. Prisoners complain about the heat and its effects all summer long.

17. I am over 18 years of age, of sound mind, and capable of making this declaration. The facts stated in this declaration are within my personal knowledge and are true and correct.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Signature:

Lavar Santee

Dated: 5-5-16

Lavar Santee

Exhibit 38

DECLARATION OF KEITH COLE

1. "My name is Keith Cole. I am an inmate in the TDCJ Wallace Pack Unit. My TDCJ number is #728748. I have been at the Pack Unit for about two years.
2. I am 60 years old. I have Type II diabetes, coronary arterial disease (including two stints), high blood pressure, and high cholesterol.
3. My medications include a beta blocker and a diuretic. Despite my medications, I suffer from shortness of breath, difficulty breathing, and chest pain.
4. I do not have heat-related work restrictions, but I am classified as "medically unassigned," meaning that I am not allowed to work at all.
5. It is very difficult to deal with temperatures in my dorm during the hottest part of the summer. On some days during the summer, it is so hot I am unable to breathe. Even the air blown by the fans is hot. There are days in the summer when I feel dizzy, I have trouble breathing, I feel like I am going to pass out, and am unable to walk. Officers have had to take me to the infirmary in a wheelchair because I was unable to walk on my own.
6. The building walls, the cubicle walls, and the bed frame are metal, and so heat radiates off of them like an oven.
7. In an effort to stay cool when it gets hot, I strip down to my boxers, wet the concrete floor of my cubicle, drench myself in water and lie on the floor underneath the fan.
8. I requested a second fan (so one can blow on my body and one on my face) but this request was denied.
9. The Pack Unit is supposed to be a medical unit, so virtually all the inmates here have a medical condition of one sort or another.
10. During the summer of 2011, I attempted to find refuge from the heat, along with several other inmates in the infirmary, which is air conditioned. A nurse told me to

stay for a while to cool down, but the warden did not like having so many inmates in the infirmary and he ordered me to leave.

11. There are several air conditioned areas in the prison, the infirmary, the law library, and the school house. However, access to these areas is restricted. Inmates are not allowed to stay in the infirmary if their blood pressure and temperature are normal. The schoolhouse is only accessible to inmates enrolled in educational programs. The law library is open for limited hours during the day, and requires a visitation request be put in several days in advance.
12. My coronary arterial disease makes it difficult to do manual tasks, lifting, or working without getting chest pains that force me to stop. Summer heat on the unit makes this worse; I have less energy and start suffering chest pain more quickly doing the same things.
13. My diabetes makes me feel drunk when it is not under control. It is difficult or impossible to walk or stand properly, and it can be next to impossible to concentrate, think, or read. My understanding from talking to officers and medical staff is there are over 200 other diabetic inmates at the Pack Unit.
14. I am very concerned about my safety over the course of this summer. I am afraid I will fall victim to heat illness.
15. I am over 18 years of age, of sound mind, and capable of making this affidavit. The facts stated in this declaration are within my personal knowledge and are true and correct."

Pursuant to 28 U.S.C. §1746, I declare under penalty of perjury that the foregoing is true and correct.

Signature: Kurt M. White

Dated: 6-10-14

Exhibit 39

DECLARATION OF JACKIE BRANNUM

1. My name is Jackie Brannum. I have been a prisoner in the Wallace Pack Unit in Navasota, Texas, in Grimes County since 2001. My TDCJ number is # 00691377. My date of birth is May 4, 1954.
2. I am 61 years old. I was raised in Bledsoe, Texas, a farming community outside of Lubbock. I attended school through the 12th grade and worked as a mechanic on cars, trucks, and heavy equipment.
3. I have recently been transferred a lot between the Pack Unit and Estelle Unit so I can see doctors. I am told that the Pack Unit is my permanent assignment, and I will always eventually return there.
4. At the Pack Unit, I am housed in B-5 dorm. I worked for 4–5 years as a cook in the kitchen. After I passed out in the kitchen, I was reassigned to medical squad one. The “medical squad” is inmates who mostly cannot work due to our medical conditions.
5. I have high blood pressure, high cholesterol, schizoaffective disorder, and type II diabetes. I take Amlodipine, Lisinopril, Propranolol, and Terazosin for my high blood pressure. I also take medication for my cholesterol. I take Carbamazepine, Fluoxetine, Nortriptyline and Risperidone to treat my schizoaffective disorder and chronic pain. I take insulin for my diabetes, and get injections twice a day.
6. When I’m not taking my psychiatric medications, I hear voices and think about hurting myself.
7. The housing areas at the Pack Unit are not air conditioned, and the indoor air is not cooled in any way. It becomes very hot inside during the summers.
8. No one at Pack has ever told me that my conditions or my medications make me sensitive to the heat. Officers in the kitchen told me that some signs of heat-related illness are dizziness, weakness, tiredness, cotton mouth, nausea and vomiting. They said to drink plenty of water. We

have safety meetings once a year where staff tells us about heat restrictions. Otherwise, there are only signs posted about drinking more water.

9. Over the summer, I feel extremely hot. Even underneath the fan, I sweat. I sometimes feel like I'm about to die of thirst even when I am constantly drinking water. All I can think of is cooling down somehow.

10. There are times during the summer I feel my heart racing and have difficulty breathing.

11. During past summers, I have had trouble sleeping at night when it's hot out. Some guys have windows they can open, but I don't have one. The sweat would pour over me when I sleep, even when I would wet my sheets and crawl underneath them to keep myself cool. I bought a chill towel for this summer and I hope it will help me sleep.

12. There are big fans in my dorm, but they do not help during the heat of summer days. They only blow the hot air around. I have a small personal fan, but it's not helpful during the day for the same reason: it only blows hot air in my face. There are also exhaust fans in the roof that are supposed to suck the hot air out. They don't help, either.

13. To protect myself from the heat, I take a cool-down shower at night. I also drink water constantly over the summer. The ten-gallon jugs run out more than two or three times a day. The jugs run out more when it is hot.

14. I also take a bowl of water and dump it over my head. Lots of guys do that in the heat of the day. I take a t-shirt and get it wet, sit under the fan until it dries out, then get it wet again.

15. The heat has made me sick. I get migraines all year, but they're much worse in the summertime. I sweat heavily every day.

16. I also feel nauseous sometimes, and I get lightheaded every once in a while when it's hot. Everything gets really fuzzy, and I have to sit down and drink something cold to recuperate.

17. I get really fatigued when it's hot out. In the kitchen, my heart pumped fast, and I got short of breath. When I was cooking over the summer, that happened every day.

18. When it's really hot, I sometimes get dizzy and sick to my stomach like I'm going to throw up. I try to get medical attention because I don't want to pass out. Last summer, each time I got really dizzy, they took me to the infirmary. I don't remember how many times this has happened over the years, but it happened more than once last summer. I've fallen over during the summer more than once on the hottest days.

19. When I worked as a cook, the heat often got to me. I couldn't breathe and I would have to sit for a while to get my breath back. In the summer, this would happen two or three times a day.

20. Last spring, when it was just starting to get hot, I passed out while I was working. It was hot that morning, and I was on the serving line. I felt funny that morning and I got a stool and sat, but I wound up falling over. I was told that I fell off the stool. Other inmates grabbed me to keep me from falling. The nurses took me to the infirmary.

21. I woke up in the infirmary, where they had me drink water and sit in the air conditioning. I was there about an hour to an hour and a half before they took me back to B dorm. I drank two or three pitchers of water while I was in the infirmary.

22. After I passed out last spring, I worked one weekend in the laundry. After that, I went on the medical chain, and when I came back they changed my work assignment to medical squad one.

23. I believe that I am classified as a heat-sensitive prisoner. Even so, I was assigned to work in the kitchen for many years. I had to ask for an assignment change several times, but only got it after I fell over.

24. I have seen many other prisoners get sick from the heat. Other prisoners who work with me in the kitchen have passed out.

25. Last year, I also saw someone pass out in the dorm. The nurses came to get him on a stretcher. Sometimes guys get bruises, bangs, or cuts from falling when they pass out.

26. Every summer I am here, I am afraid that I will pass out again, or have an even worse injury caused by the heat.

27. I am over 18 years of age, of sound mind, and capable of making this affidavit. The facts stated in this declaration are within my personal knowledge and are true and correct.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Signature:

Jackie Brannum Dated: 08-06-2015
Jackie Brannum

Exhibit 40

DECLARATION OF RICHARD KING

1. My name is Richard King. I have been an inmate in the TDCJ Wallace Pack Unit in Grimes County, Texas since July of 2012. My TDCJ number is # 00516700. My date of birth is August 1, 1946.
2. I am 69 years old. I was born and raised in Nacogdoches, Texas. I served in the Navy for four years, and was honorably discharged.
3. At the Pack Unit, I am housed in the E Building, 20 dorm. I am assigned to medical squad one, which does very little work, because of my medical conditions.
4. I suffer from high blood pressure, obesity, and Type II diabetes. I take hydrochlorothiazide, lisinopril, terazosin, metformin, and insulin.
5. The dormitories at the Pack Unit are not air-conditioned. It becomes very hot inside during the summer.
6. On the hottest days over the summer, it is hard to do anything. I have trouble sleeping because my mattress becomes soaked in sweat. The heat of the day is worse, combining fatigue with sleep deprivation. I sometimes do not go to the chow hall because it becomes so hot there. When I try to perform basic tasks like eating and writing, the amount of sweat rolling off of me makes any activities difficult and uncomfortable. My paper will become soaked with sweat before I can write on it.
7. The heat makes me feel dizzy during the day. I feel like I am going to fall over when I walk anywhere. There is no relief once days start getting hot; the constant heat is oppressive.
8. I do not believe the infirmary or warden will help if I complain about the heat. I try to spend as much time in the few air-conditioned areas as I can.

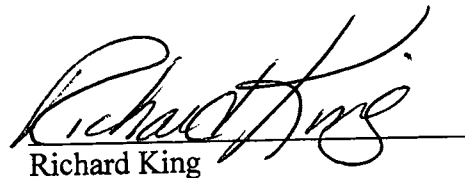
9. The fans in my dorm help a little, but only those who can sit right in front of them. I barely feel the difference otherwise because they only blow hot air around.

10. I am very worried that I will get hurt because of the heat inside the Pack Unit.

11. I am over 18 years of age, of sound mind, and capable of making this affidavit. The facts stated in this declaration are within my personal knowledge and are true and correct.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Signature:


Richard King

Dated:

8-6-15

Exhibit 41

DECLARATION OF FRED WALLACE

1. My name is Fred Wallace. I have been a prisoner in the Wallace Pack Unit in Navasota, Texas, in Grimes County, Texas, for almost three years. My TDCJ number is # 1663689. My date of birth is May 7, 1943.
2. I am 72 years old. I was born and raised in Port Arthur, Texas.
3. At the Pack Unit, I am housed in the B wing, 6 dorm, bunk 52. I do not have a work assignment due to my age and medical condition.
4. The dormitories at the Pack Unit are not air-conditioned. It becomes very hot inside during the summers.
- 5. I have depression. I took fluoxetine (Prozac) to treat my depression for several years. The psychiatrist who treats me advised me that without the pills, I could relapse into depression.
- 6. I also take an antihistamine called diphenhydramine (Benadryl); gemfibrozil, hydrochlorothiazide, and lisinopril for cholesterol; and omeprazole and ranitidine for heartburn.
→ BLOOD PRESSURE *FW*
7. I am overweight. I have been told I am obese.
8. To get my pills, I have to wait in line in the hallway between the infirmary and the gymnasium. About fifty men line up in a hundred foot hallway where there is not one door, window, or fan. We are forced to stand and wait for up to 45 minutes.
9. It's so hot in the hall that I don't go get my pills some days. More than one time, I left the pill line because I was so worried that I would pass out while standing in line. I usually don't get any medication on those days. Otherwise, I try to take my medication every day.
10. The hottest days of the summer are just terrible. It is hot as blazes inside. I sweat very badly when I'm inside in the dormitories during the summer—I sweat through my prison uniform.

11. To protect myself from the heat, I take off all the clothes I can. I strip down to my boxers.

12. I am usually only able to take a shower one time a day. I do not take "cool-down" showers, because they are only offered at night using the normal, warm water, *IN MY EXPERIENCE. (FD)*

13. The heat at the Pack Unit has made me sick before. One day, in May 2014, I was taken to the infirmary at the Pack Unit in a wheelchair because I could not walk there myself. I felt extremely dizzy and dehydrated. *AND I WAS SICK WITHIN THE LAST WEEK, TOO, AND I STILL FEEL ILL. (FD)*

14. During the middle of June this year, I felt as if I would pass out during a shakedown when I was required to stand holding my belongings for a long time in the heat of early summer. I was able to avoid fainting because an officer let me sit down, which is not normal during a shakedown.

15. I have seen other prisoners get sick from the heat. They sometimes go to the infirmary.

16. I am very concerned I will also suffer another heat-related injury at the Pack Unit.

17. I am over 18 years of age, of sound mind, and capable of making this affidavit. The facts stated in this declaration are within my personal knowledge and are true and correct.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Signature: *Fred L. Wallace*
Fred Wallace

Dated: *8/13/15*

Exhibit 42

DECLARATION OF MARVIN RAY YATES

1. "My name is Marvin Ray Yates. I have been an inmate in the TDCJ Wallace Pack Unit for about 2 years. My TDCJ number is 01581418.
2. I am 69 years old. I suffer from hypertension, which I control with medication, including a diuretic. I have chronic obstructive pulmonary disease (COPD) with emphysema and bronchitis, which makes it very difficult for me to breath, and I often need breathing treatments. I also take thyroid medication.
3. I was placed in the Pack Unit because it is considered a medical unit.
4. The Pack Unit is built like a tin shack, and in the summer it feels like a metal furnace. The metal walls in the dorms that are exposed to the sun quickly heat up and begin radiating heat. Some of the dorms have a few windows that open, but when it gets over 90 and 100 degrees, it really does not help.
5. Inmates' dorms and most other areas of the prison inmates use are very hot in the summer –it routinely feels hotter than 100 degrees. Metal furniture in the dorms regularly gets so hot that you cannot touch it directly without getting burned.
6. My housing area does not have showers. The showers are located in a different part of the building; we typically only have access to them once or twice a day, and when we do they typically only have hot water.
7. I have experienced many symptoms of heat illness over the summer, including heat cramps, dizziness, fatigue, headaches and blurred vision. I know other inmates in Pack who are my age and have the same experience.
8. I am not formally assigned to a job – I'm listed as a member of the "medical squad," which essentially means I am unassigned.
9. My health restrictions say "no prolonged standing" and "no excessive heat," but I have spend hours every day on my feet, standing in line for hours to wait my turn at the pill

window, which is exhausting. I spend most of the rest of the day in my dorm, which is sweltering. I do my best to stay cool by soaking my shirt in the sink and sitting with a fan, but those steps barely help in the summer – the heat is still intolerable, and I still experience symptoms from the heat.

10. My COPD makes it very hard to do any manual task – like standing for extended time, lifting objects, or doing other work. I run out of breath sometimes walking from my dorm to the chow hall. Difficulty breathing makes it difficult to sleep – sometimes in bed I find I cannot catch my breath. Humidity and heat in the summer make my COPD symptoms worse.
11. There are many other inmates on the Pack Unit with COPD. I often go to the infirmary to take nebulizer treatment and I routinely run into other inmates who are there for the same treatment. I also know there are other inmates who are allowed to keep personal nebulizers in their cubicles in the dormitories, so there are probably many more inmates with COPD than I know.
12. The indoor heat at the Pack Unit is already sultry. I don't know if I will make it through the summer.
13. I am over 18 years of age, of sound mind, and capable of making this affidavit. The facts stated in this declaration are within my personal knowledge and are true and correct."

Pursuant to 28 U.S.C. §1746, I declare under penalty of perjury that the foregoing is true and correct.

Signature: Martin R. Yates

Dated: 6-10-2014

Exhibit 43

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	Reviewed: 01/15	
	Replaces: 08/21/2014	
	Formulated: 8/97	
HEAT STRESS		

POLICY: To establish guidelines for preventing and monitoring heat stress illness.

DISCUSSION:

It is the **responsibility of the facility medical staff** to provide guidelines to assist the facility administration in the determination of safe and healthful work conditions. Every reasonable effort shall be made in the interest of preventing heat-related injuries in the workplace. Problems of heat stress are more common than those prevented by very cold environments. Heat stress is best prevented by acclimatizing staff and offenders to working under hot and humid climate conditions, assuring adequate fluid intake and, to a lesser extent, assuring adequate salt intake. Proper treatment of heat stress should begin at the work site, but severe heat stress is a medical emergency which must be treated in a medical facility. **Salt tablets should not be used in the treatment or prevention of heat stress.**

DEFINITIONS:

- I. **Heat Stress:** a group of conditions which may occur from overexposure to or overexertion in excess environmental temperature. It includes heat cramps, heat exhaustion and heat stroke.
- II. **Heat Cramps:** usually develop following strenuous exercise, in muscles that have been subjected to extensive work. The pain is brief, intermittent and crampy, and may be quite severe. Heat cramps usually occur after several hours of work, and may occur even at low ambient temperatures. The cause is inadequate replacement of electrolytes (sodium and potassium). Cooling efforts should be provided while medical staff is contacted for further treatment. **Prevention** is accomplished by ample fluid intake during and after work, and salting of food during meals if not medically contraindicated. Use of electrolyte replacement drinks or lightly salted fruit drinks at the work site may also be beneficial.
- III. **Heat Exhaustion (Heat Prostration):** the most common form of heat stress, caused by depletion of water and salt. Symptoms include weakness, anxiety, fatigue, thirst, dizziness, headache, nausea and urge to defecate. Signs include profuse perspiration, rapid pulse, incoordination and confusion. Heat prostration may lead to **heat syncope**, a sudden onset of collapse that is usually of brief duration. During heat syncope the patient appears ashen gray and skin is cool and clammy. Failure to treat heat exhaustion may result in progression to heat stroke. Risk factors include failure to maintain adequate fluid intake during exertion, and taking diuretics. Cooling efforts should be provided while medical staff is contacted for further treatment. **Prevention** is accomplished by ample fluid intake during work, proper work-rest cycles, and salting of food during meals if not medically contraindicated.
- IV. **Heat Stroke:** is a medical emergency. While it may be preceded by signs of heat exhaustion, the onset is often sudden. In heat stroke the body has lost its ability to dissipate heat and maintain a normal body temperature. Body temperature is often elevated over 106° F. Exertional heat stroke occurs in young, healthy people who maintain inadequate fluid intake during exertion. Signs include headache, chills, gooseflesh, weakness, incoordination, nausea and vomiting, progressing to unconsciousness. Classical heat stroke is seen in the elderly, those with predisposing medical conditions such as congestive heart failure, diabetes and alcoholism, and those on medications which cause fluid depletion, interfere with sweating or interfere with the body's thermoregulatory system. Classical heat stroke has few premonitory signs. Collapse may be among the first symptoms. Skin is hot and dry, and pulse is rapid and weak. Shock and death may occur in either type of heat stroke. Cooling efforts should be provided while medical staff is contacted for further treatment. **Prevention** includes ample fluid intake

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during work, proper work-rest cycles, excluding people at high risk from working under conditions of extreme heat and humidity, and maintaining adequate indoor conditions, such as access to cool fluids and use of cooling fans, for persons at increased risk for heat stroke.

- V. **Anhidrotics** are drugs that inhibit perspiration.
- VI. **Poikilothermics** are drugs that disrupt the body's normal temperature regulating mechanisms.
- VII. **Potentiators** are drugs which potentiate the effects of anhidrotics or poikilothermics.

PROCEDURES:

- I. Whenever the temperature is 85° F or higher, the Warden (or designee) will use the Heat and Humidity Index (Table 1 on page 4) to **determine safe hot weather working conditions**. Prior to exposing workers to extremely hot working conditions, the Warden or designee should consult with medical staff to evaluate the hazard of the effective temperature.
- II. **Acclimatization**. Offenders newly assigned to jobs which require strenuous work under conditions with an apparent air temperature of 90° F or greater (see Table 1 on page 4) must be acclimatized before assuming a full workload. They should work no more than 3-4 hours at a time, separated by at least one hour rest in a cooler environment for the first week. After the first week, they may assume a normal work schedule. Acclimatization can be lost in as little as two weeks, so anybody who has been away from a hot work environment for more than two weeks should be reacclimatized. Acclimatization is not necessary for persons assigned to the same job when temperatures vary with seasonal changes.
- III. **Fluid Intake**. Offenders and staff working at apparent air temperatures over 90° F should maintain an intake of at least 16 oz of fluids per hour of work. Under extreme conditions, work should be interrupted every 15 - 20 minutes and offenders instructed to drink fluids even if they are not thirsty. Drinking water will always be available to workers in hot weather conditions.
- IV. **Work-rest Cycle**. Whenever the apparent temperature (see Table 1 on page 4) is 90 - 95° F, a 5-minute rest break should be given every hour. If the apparent temperature is 96 - 120° F, a 5-minute rest break should be given every 30 minutes, and work intensity be reduced by 1/3. If the apparent temperature is over 120° F, work should be curtailed, or, if work must continue, a 10-minute rest period should follow every 20 minutes of work, and work intensity should be decreased by 1/2 to 2/3.
- V. **Newly-assigned workers** who are not acclimatized to the heat should be evaluated by the medical staff before being subjected to significant heat stress, and should be monitored by supervisors for signs of heat stress during the acclimatization period.
- VI. **Offenders on Medications**. Work assignments for offenders on medications classified as anhidrotics, poikilothermics or potentiators (see Attachment A) should be considered carefully. In general, offenders on antipsychotic drugs should not be allowed to work or recreate in environments where the apparent air temperature is 95° F or higher. This restriction should also be considered for offenders who are on other drugs classified as anhydrotics or poikilothermics or potentiators if they are on more than one such drug or if they also have an

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underlying medical condition that places them at increased risk (see Attachment B), particularly at higher dosage levels of the drugs. Decisions about suitability of work assignments for these offenders will be made by facility medical staff. Documentation shall be made in the patient's health record on the HSM-18, *Health Summary for Classification*, form.

Reports identifying offenders with heat and/or sunlight sensitivity restrictions:

1. Unit count room staff will provide unit security staff with the "Medical Heat Restriction List" which is generated from the Countroom Management System (R050) in mainframe. This report identifies offenders who have a heat restriction for security to perform "wellness checks" in accordance with A.D.-10.64, "Extreme Temperature Conditions in the TDCJ".
2. The INFOPAC chain list, "Daily Strength Changes", (ITSS52) produced for individual units and the Transportation Department identifies offenders with a heat and/or sunlight sensitivity restriction who will be moving from one TDCJ unit to another on the following day.
3. Unit medical staff can access the INFOPAC report, "Inmates with Sunlight and Heat Restriction" (IMS042) any time a list of offenders with a heat and/or sunlight sensitivity restriction who are currently assigned to that unit is needed.

- VII. **Transportation.** Units are to refrain from transporting psychiatric inpatients to another facility via chain bus. Offenders on the Infopac medication list should be transported during the coolest hours of the day. Outgoing chain screens should be reviewed against the unit Infopac Report to ensure that the offenders on medication are traveling on the appropriate mode of transportation. Please note that the Transportation Department adjusts their schedule during the summer months so that routes are run during the coolest part of the day.
- VIII. **Training.** Facility medical staff shall provide initial and annual training in the prevention of temperature extreme injury to all supervisory personnel who manage employees and offenders. Documentation of completed training shall be maintained by the Facility Health Administrator. Training should generally be accomplished in March or April of each year.
- IX. **Reporting.** Facility medical staff shall complete the "Heat-Related Illness Reporting Form" (Attachment C) for each case of heat cramps, heat exhaustion, heat stroke or neuroleptic malignant syndrome. The complete form is e-mailed to HSLIAISON via EMR e-mail or faxed to the Office of Health Services Liaison at 936-437-3599.

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NOAA's National Weather Service heat index. Beat the heat weather ready nation campaign. National Weather Service. <http://www.nws.noaa.gov/os/heat/index.shtml#heatindex>

OSHA's Campaign to Prevent Heat Illness in Outdoor Workers. Occupational Safety & Health Administration. United States Department of Labor. Available at <https://www.osha.gov/SLTC/heatillness/index.html>

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Table 1: Heat and Humidity Index**Actual Air Temperature (°F)**

		80	82	84	86	88	90	92	94	96	98	100	102	104	106	108	110
Relative Humidity (%)	40	80	81	83	85	88	91	94	97	101	105	109	114	119	124	130	136
	45	80	82	84	87	89	93	96	100	104	109	114	119	124	130	137	
	50	81	83	85	88	91	95	99	103	108	113	118	124	131	137		
	55	81	84	86	89	93	97	101	106	112	117	124	130	137			
	60	82	84	88	91	95	100	105	110	116	123	129	137				
	65	82	85	89	93	98	103	108	114	121	128	130					
	70	83	86	90	95	100	105	112	119	126	134						
	75	84	88	92	97	103	109	116	124	132							
	80	84	89	94	100	106	113	121	129								
	85	85	90	96	102	110	117	126	135								
	90	86	91	98	105	113	122	131									
	95	86	93	100	108	117	127										
	100	87	95	103	112	121	132										

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Likelihood of heat disorders with prolonged exposure or strenuous activity	Heat Index	Risk Level
Yellow = Caution	80 to 90°F	Possible fatigue with prolonged exposure
Gold = Extreme Caution	91°F to 103°F	Heat-related illness possible with long exposure
Orange = Danger	103°F to 115°F	Heat stroke possible and heat-related illness likely
Red = Extreme Danger	Greater than 115°F	High risk of heat stroke

D-27.2 Attachment A

Effective: 3/15

Revised: 1/15

ATTACHMENT A**DRUGS ASSOCIATED WITH HEAT STRESS***

	Anhydrotic	Poikilothermic	Potentiator
Anticonvulsants Topiramate (Topamax®)**	+		
Anticholinergics** Benzotropine (Cogentin®) Biperiden (Akineton®) Hyoscyamine (Levbid®) Oxybutynin (Ditropan®) Trihexyphenidyl (Artane®)	+		
Antihistamines Cyproheptadine (Periactin®) Diphenhydramine (Benadryl®) Hydroxyzine (Atarax®) Promethazine (Phenergan®)		+	
Antipsychotics** ALL		+	
Antidepressants Clomipramine (Anafranil®) Desipramine (Norpramin®) Doxepin (Sinequan®) Imipramine (Tofranil®) Nortriptyline (Pamelor®) Amitriptyline (Elavil)		+	
Antimanic Lithium carbonate (Eskalith)***			
Beta Blockers Atenolol (Tenormin®) Metoprolol (Lopressor®) Propranolol (Inderal®) Carvedilol (Coreg)		+	+
Calcium Channel Blockers Amlodipine (Norvasc)		+	+
Diuretics Furosemide (Lasix®) Hydrochlorothiazide (Hydrodiuril®)		+	+

* This list only includes some of the more common medications associated with heat stress and is not all-inclusive. The recommendations in this policy are meant to serve as guidelines and are not intended to substitute for the judgment of a physician or mid-level provider in providing appropriate health care.

** These drugs have specific warnings from the manufacturer to avoid excessive heat and dehydration.

***Although Lithium does not disrupt or interfere with the body's ability to regulate temperature, if an offender treated with lithium becomes dehydrated they are at an increased risk of lithium toxicity.

In general, offenders on antipsychotic drugs should not be allowed to work or recreate in environments where the apparent air temperature is 95° F or higher. This restriction should also be considered for offenders who are on other drugs classified as anhydrotics or poikilothermics or potentiators if they are on more than one such drug or if they also have an underlying medical condition that places them at increased risk, particularly at higher dosage levels of the drugs. Decisions about suitability of work assignments and recreation areas for these offenders will be made by facility medical staff.

D-27.2 Attachment A

Effective: 3/15

Revised: 1/15

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D-27.2 Attachment A

Effective: 3/15

Revised: 1/15

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D-27.2 Attachment B

Effective: 3/18/15

Reviewed: 01/15

ATTACHMENT B COMMON COMORBIDITIES THAT MAY AFFECT HEAT TOLERANCE

Cardiovascular Disease
Cirrhosis of the Liver
Chronic Obstructive Pulmonary Disease/Asthma
Cystic fibrosis
Diabetes
Psychiatric conditions
Seizure Disorder
Sjogren's syndrome
Sweat gland dysfunction
Thyroid dysfunction
Age > 65

* This list is not all-inclusive.

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D-27.2 Attachment C

Effective: 8/21/2014

Revised: NEW

Heat-Related Illness Reporting Form

Offender name: _____ TDCJ # _____

Unit of Assignment: _____ Date of incident: _____

Medication History:Does this offender take psychotropic medications for which heat precautions apply? Yes ☐ No ☐
(Refer to Policy B-15.2 Attachment A)Does this offender take other medications for which heat precautions apply? Yes ☐ No ☐
(Refer to Policy B-15.2 Attachment A)**Contributing Conditions:**

Does the offender have any of the following diagnoses?

Cardiovascular disease ☐ Cirrhosis ☐ Chronic Obstructive Pulmonary Disease/Asthma ☐Cystic fibrosis ☐ Diabetes ☐ Mental Health condition ☐ Sjogren's syndrome ☐Sweat gland dysfunction ☐ Thyroid dysfunction ☐ Older than 65 ☐**Environmental Factors:**When the offender became ill, was he/she inside ☐ or outside ☐ ?

Please check the appropriate box indicating where the offender was at the time he/she became ill.

Chain bus ☐ Commissary line ☐ Dining hall ☐ Housing area ☐ Pill window ☐ Recreation ☐School/Classroom ☐ Showers ☐ Visitation ☐ Work ☐ Other: _____

At the time of the incident, did the offender's HMS-18/HSIN screen reflect the following restrictions?

Ground floor Yes ☐ No ☐No temperature extremes Yes ☐ No ☐No humidity extremes Yes ☐ No ☐**Treatment:**Was the offender sent to a local emergency department for treatment? Yes ☐ No ☐Was the offender admitted to the hospital for treatment? Yes ☐ No ☐Did the offender die as a result of this incident? Yes ☐ No ☐**Diagnosis:**What was the PROVIDER'S DIAGNOSIS of the illness? Heat cramps ☐ Heat exhaustion ☐Heat stroke ☐ Neuroleptic Malignant Syndrome ☐ Other: _____**Reporting:**

When completed, EMR e-mail this form to "HSLIAISON" or fax to 936-437-3599.

Exhibit 44

PROP-01

PROP-01 (1-1-2005)		AUTHORIZED OFFENDER PROPERTY					
ITEMS		AMOUNT ALLOWED		AT INTAKE	MUST REGISTER	CLOSABLE BOX	INDIGENT SUPPLIES
		MALE	FEMALE				
Consumable Items	Food – in cans or packages, opened or unopened	**	**	NO	--	✓	
Correspondence/ Publications	Personal Correspondence, Mail; General Text (grievances, reports, etc.); Magazines, Newspapers	**	**	NO	--	✓	
	Visitor Address List	**	**	✓	--	✓	
Craft Items	In-cell craft items (Refer to AD-14.59)	**	**	NO	--	✓	
Educational Items	All books and Literature – <i>ONLY substance abuse literature and one religious text at intake</i>	**	**	✓ see at left	--	✓	
	Paper (worksheet packets and assignment papers for Windham/Warden-approved coursework)	**	**	NO	--	✓	
	Educational Equipment (plastic ruler; hand-held calculator, etc.)	1 ea	1 ea	NO	--	✓	
Electrical Equipment	Radio; Fan; Typewriter; Hotpot; AM/FM booster; Clip-on Lamp; Multi outlet; alarm clock	1 ea	1 ea	NO	✓	--	
	Dipole antenna; Headphones	1 ea	1 ea	NO	--	--	
Gender-Related For Females	Bras (white with no under wire) and Panties		7 ea	NO	--	✓	
	Hair care products: (Clips, bands, etc; no crocheted hair accessories or homemade items)		6 items/sets	NO	--	✓	
	Hair dryer and curling iron		1 ea	NO	✓	--	
	Rollers; Bobby pins		24; 48	NO	--	✓	
	Make-up		10 items	NO	--	✓	
	Perfumed Lotion (Does not include perfume)		2	NO	--	✓	
	Feminine Hygiene items (menstrual* and douche products)		As needed	NO	--	✓	
	Stud Earrings		2 pr	NO	--	✓	
Health Care Devices/Supplies	Dentures, Eyeglasses, Prostheses, Shoes, Crutches, Sleep-apnea machine; physician-prescribed medication (+ other items w/medical approval & pass) (<i>Free world items must be registered</i>)	As needed per H.S.	As needed per H.S.	As needed per H.S.	✓ see at left	--	
	Keep-on-person (KOP) and over-the-counter medication	**	**	NO	--	--	
Identification Documents	Birth certificate and Social Security card (in offender's permanent Classification file)	NO	NO	✓ see at left	--	--	
	Driver's License (in offender's permanent Classification file, unless needed for job)	(see at left)	(see at left)	✓ see at left	--	--	
	TDCJ-issued photo ID	1	1	Issued	--	--	
Jewelry Items	***Wrist watch	1	1	✓	✓ see at left	--	
	***Wedding Ring – <i>ONLY</i> if brought in at time of intake	1	1	✓ only	✓ ***	--	
Legal Material	Pleadings; transcripts; legal books; notes and drafts; legal correspondence; carbon paper; etc.	**	**	✓	--	✓	
Necessity Items	Commissary-sold clothing (gym shorts, T-shirts & pairs of socks—4 ea; thermals—2 ea /white/)	(see at left)	(see at left)	NO	--	✓	
	Commissary-sold shoes (w/offender TDCJ# marked in permanent marker by commissary staff)	1-2 pr	1-2 pr	NO	✓ see at left	--	
Oversized Material	Paper with pictures or printed material; no larger than 18" x 60" and folded to 9" x 15"	**	**	NO	--	--	
Personal Hygiene Items	Dental items (toothbrush; brush holder; tooth powder; toothpaste; dental floss; adhesive; etc)	**	**	NO	--	✓ (1 ea shelf)	Brush/pwdr
	Shampoo; hair care products (activator, gel, etc); soap; soap holder; comb; brush; toilet paper*	**	**	NO	--	✓ (1 ea shelf)	Soap/comb
	Disposable razor; shaving cream; after shave; Skin-care products (lotion, powder, etc); deodorant	**	**	NO	--	✓ (1 ea shelf)	Razor
	Shower shoes	1 pr	1 pr	✓	--	--	
Photographs	Photographs (Polaroid-type must have bottom removed); Albums – <i>NO albums at time of intake</i>	**	**	✓ see at left	--	✓ (1 on shelf)	
Religious Items	Medallion; Rosary or other prayer beads; prayer rug; headband; Hijab; turban; medicine bag; wooden comb; natural objects; and other items as approved by chaplaincy. Rosaries/Prayer beads are prohibited at intake.	1 ea (per official faith)	1 ea (per official faith)	1 ea (per declared faith) see at left	✓	✓	
	Sacred stones (marble-sized)	7	7	1	✓	✓	
Stationery Items	Unused paper products (paper/tablets, greeting cards); Envelopes	**	**	NO	--	✓	✓
	Stamps (may purchase up to 30 at a time; may possess no more than 60)	60 max.	60 max.	NO	--	✓	✓
	Pencils and Pens (clear see-through ball point stick pens only)	**	**	NO	--	✓	✓
Trust Fund	Cash – <i>ONLY</i> if brought in at time of intake	NO	NO	✓ only	--	--	
	Negotiable items (money orders, cashier or law enforcement agency checks; no personal checks)	**	**	✓	--	--	
Miscellaneous Items (Commissary-sold):	Plastic Lock (1 per box); aluminum neck chain (if holding TDCJ photo ID, lock key, religious medallion); Plastic ID holder; mirror; nail clippers; work gloves; pencil sharpener; sunglasses, tweezers; Commissary bags; detergent (<i>may be stored outside of box</i>); wash cloth; handkerchief; plastic bowl; spoon; etc.	**	**	NO	--	✓	

* State-issued items.

** By policy, in any amount IF stored properly; otherwise considered contraband and confiscated.

*** Exempt from engraving requirement

✓ = Yes

FRONT

AD-03.72 (rev. 5)
Attachment A
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Pringle - Int #9 - 26

Exhibit 45



Tips for Preventing Heat-Related Illness

The best defense is prevention. Here are some prevention tips:

- Drink more fluids (nonalcoholic), regardless of your activity level. Don't wait until you're thirsty to drink. Warning: If your doctor generally limits the amount of fluid you drink or has you on water pills, ask your doctor how much you should drink while the weather is hot.
- Don't drink liquids that contain alcohol or large amounts of sugar—these actually cause you to lose more body fluid. Also, avoid very cold drinks, because they can cause stomach cramps.
- Stay indoors and, if at all possible, stay in an air-conditioned place. If your home does not have air conditioning, go to the shopping mall or public library—even a few hours spent in air conditioning can help your body stay cooler when you go back into the heat. Call your local health department to see if there are any heat-relief shelters in your area.
- Electric fans may provide comfort, but when the temperature is in the high 90s, fans will not prevent heat-related illness. Taking a cool shower or bath, or moving to an air-conditioned place is a much better way to cool off.
- Wear lightweight, light-colored, loose-fitting clothing.
- NEVER leave anyone in a closed, parked vehicle.
- Although any one at any time can suffer from heat-related illness, some people are at greater risk than others. Check regularly on:
 - Infants and young children
 - People aged 65 or older
 - People who have a mental illness
 - Those who are physically ill, especially with heart disease or high blood pressure
- Visit adults at risk at least twice a day and closely watch them for signs of heat exhaustion or heat stroke. Infants and young children, of course, need much more frequent watching.



If you must be out in the heat:

- Limit your outdoor activity to morning and evening hours.
- Cut down on exercise. If you must exercise, drink two to four glasses of cool, nonalcoholic fluids each hour. A sports beverage can replace the salt and minerals you lose in sweat. Warning: If you are on a low-

Remember the warning in the first tip (above), too.

- Try to rest often in shady areas.
- Protect yourself from the sun by wearing a wide-brimmed hat (also keeps you cooler) and sunglasses and by putting on sunscreen of SPF 15 or higher (the most effective products say “broad spectrum” or “UVA/UVB protection” on their labels).



<http://ephtracking.cdc.gov/showClimateChangeExtremeHeat.action>



<http://www.ready.gov/>



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Maintained By: Office of Public Health Preparedness and Response (OPHPR) (<http://www.cdc.gov/phpr/index.htm>)

Exhibit 46

Arsenic neurotoxicity – A review

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Arsenic (As) is one of the oldest poisons known to men. Its applications throughout history are wide and varied: murder, make-up, paint and even as a pesticide. Chronic As toxicity is a global environmental health problem, affecting millions of people in the USA and Germany to Bangladesh and Taiwan. Worldwide, As is released into the environment by smelting of various metals, combustion of fossil fuels, as herbicides and fungicides in agricultural products. The drinking water in many countries, which is tapped from natural geological resources, is also contaminated as a result of the high level of As in groundwater. The environmental fate of As is contamination of surface and groundwater with a contaminant level higher than 10 particle per billion (ppb) as set by World Health Organization (WHO). Arsenic exists in both organic and inorganic species and either form can also exist in a trivalent or pentavalent oxidation state. Long-term health effects of exposure to these As metabolites are severe and highly variable: skin and lung cancer, neurological effects, hypertension and cardiovascular diseases. Neurological effects of As may develop within

a few hours after ingestion, but usually are seen in 2–8 weeks after exposure. It is usually a symmetrical sensorimotor neuropathy, often resembling the Guillain-Barré syndrome. The predominant clinical features of neuropathy are paresthesias, numbness and pain, particularly in the soles of the feet. Electrophysiological studies performed on patients with As neuropathy have revealed a reduced nerve conduction velocity, typical of those seen in axonal degeneration. Most of the adverse effects of As, are caused by inactivated enzymes in the cellular energy pathway, whereby As reacts with the thiol groups of proteins and enzymes and inhibits their catalytic activity. Furthermore, As-induced neurotoxicity, like many other neurodegenerative diseases, causes changes in cytoskeletal protein composition and hyperphosphorylation. These changes may lead to disorganization of the cytoskeletal framework, which is a potential mechanism of As-induced neurotoxicity. *Human & Experimental Toxicology* (2007) 26, 823–832

Key words: arsenic; metabolism; mechanism; neurotoxicity

Introduction

The word *arsenic* (As) is derived from the Persian *zarnikh*: زرنيخ, meaning ‘yellow orpiment’.¹ In Aramaic (ܐܪܨܢܝܬ) and Arabic (الزرنيخ), the word was borrowed from the Persian. It came to the Western languages through the Greek rendering of *zarnikh*: ἄρσενικόν: *arsenikon*, which, in Greek, also means ‘masculine’. Arsenic sulphide also occurs in a red form: *realgar* or *sandarach*. Long known and used in Persia and elsewhere since ancient times, As was also used in traditional Chinese and Indian medicine and as a cosmetic product in eye shadow in the Roman era. Given that the symptoms of acute As

poisoning are easily confused with acute diarrhea associated with cholera, it quickly became a favorite homicidal agent. In 1832, a certain John Bodle was brought to trial for poisoning his grandfather by putting As in his coffee. James Marsh, a chemist working at the Royal Arsenal in Woolwich was called by the prosecution to detect its presence.² He performed the standard test by passing hydrogen sulfide through the suspect fluid. Although Marsh was able to detect As, the yellow precipitate did not keep very well and by the time it was presented to the jury it deteriorated. The jury was not convinced, and John Bodle was acquitted. Angered and frustrated by this, especially when John Bodle confessed later that he had indeed killed his grandfather, Marsh decided to devise a better test to demonstrate the presence of As. Taking Scheele’s method as basis, he constructed a simple glass apparatus capable of not only detecting minute traces of As, but also of

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measuring its quantity. Although the Scheele test used nitric acid, in Marsh's case the suspect fluid would be mixed with sulfuric acid (H_2SO_4) and passed through a U-shaped tube with a piece of As-free zinc at the end (Figure 1). Even a slight trace of As would cause arsine gas to form. When he ignited this gas, it decomposed into As and hydrogen and when he held a cold ceramic bowl against the flame, the As formed a silvery-black deposit mirror on the bowl. Not only could minute amounts of As be detected (as little as 0.02 mg), the test was very specific for As. Although antimony (Sb) could give a false-positive test by forming a similar black deposit, it would not react with sodium hypochlorite (NaOCl), whereas As would.^{2,3}

Because of its use by the ruling class for killing one another and the incredible potency and discreetness, As has been called the Poison of Kings and the King of Poisons. The idea of using As as a murder weapon can even be seen in early movies and theater shows such as Frank Capra's 'Arsenic and old lace', in which two elderly ladies used As in wine to kill their male suitors.

Arsenic has a long history of use as an intentional poison. Perhaps, the most famous victim of As poisoning was Napoleon Bonaparte. He seems to have been exposed chronically during 1816, as appeared from neutron activation analysis of a hair sample.⁴ A much lower concentration was found, however, in another hair sample attributed to Napoleon,⁵ which may indicate that the identity of at least one of these samples should be questioned. One of the most prolific As poisoners in history was Goeie Mie ('Good Mary') of Leiden, The Netherlands, who lived in the 19th century. She poisoned at least 102 friends and relatives between

1867 and 1884, distributing arsenic-trioxide (ATO) in hot milk to her victims after opening life insurance policies in their names. Of the 102 people poisoned, 45 persons became seriously ill, often with neurological symptoms and 27 persons died; 16 of whom were her own relatives.⁶

Arsenic is used in folk medicine and in pesticides in many countries and also in modern western medicine for the treatment of leukemia.^{7,8} In traditional Chinese medicine, preparations can be obtained in the form of coated or uncoated pills, powder or syrups. Different studies have shown that the majority of traditional Chinese medicines, such as Chinese herbal balls, show high doses of As varying between 0.1 and 36.6 mg per tablet, causing patients to get intoxicated by the high As dose and Indian ayurvedic herbal medicine products are also known to cause lead, mercury and As intoxication.⁹⁻¹² Nowadays, the therapeutic use of As is making a comeback in modern medicine. Arsenic-trioxide, for instance, is used in treating patients with relapsed acute promyelocytic leukemia (APL).¹³⁻¹⁶ However, ATO is also known for its less favorable side, as in causing temporary cardiac and neurotoxic side effects in APL patients.⁸ Arsenic was one of the primary ingredients in pesticides before synthetic organic pesticides were available; its long-term application in agricultural pesticides has resulted in high levels of As in the body of workers, who are exposed by inhalation during the spraying. Arsenic-containing rodent pesticides used for pest and insect control were banned because of human health concerns in production, use and accidental poisoning and possible abuse in intentional poisoning. Various case reports and studies have revealed that exposure to As has resulted in various forms of cancer and peripheral neuropathy.^{7,17,18}

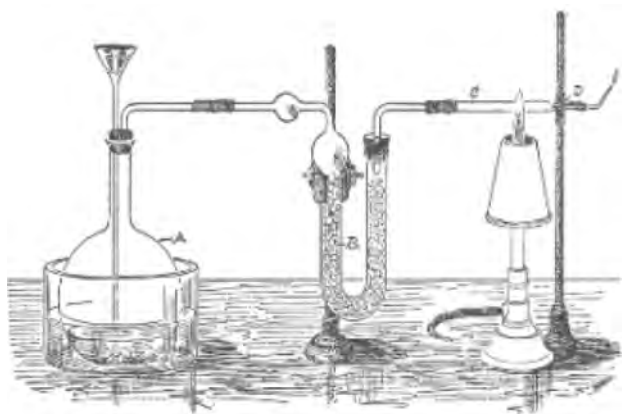


Figure 1 Schematic representation of the Marsh apparatus. (A) hydrogen generator, (B) chloride of calcium drying-tube, (C) hard glass-tube and (D) Arsenic mirror.

Acute and chronic exposure to As

Acute

A single exposure to a high dose may lead to severe reactions such as diarrhea, vomiting, pain, dehydration and weakness. Nowadays, acute intoxication rarely occurs in western European countries; if it occurs, it is usually the result of intentional (suicide or homicide) or accidental poisoning. Occupational exposure to As is rare and usually occurs in the form of arsine gas that causes symptoms different to those caused by As ingestion.⁶ Exposure often occurs, when arsine gas escapes during transport or when it is generated while arsenic-containing ores or metals are treated with acid.^{19,20} Acute oral exposure to As is associated with gastrointestinal symptoms such

as nausea, vomiting, abdominal pain and severe diarrhea. Cardiovascular and respiratory symptoms include hypotension, shock, pulmonary edema and heart failure. If survived, acute poisoning with As is also combined with neurological symptoms like light-headedness, weakness, delirium, encephalopathy and peripheral neuropathy, which have been reported.²¹ Peripheral neuropathy as a result of As intoxication may be delayed several weeks after the initial toxic insult.²² After a few weeks the patients show signs of recovery, however, when tested with electrophysiological studies 6–8 years after exposure, the patients still showed reduced motor conduction velocity.²² Biopsies on the sural nerves 10 weeks after exposure showed axonal degeneration, which was at an early stage in some fibers. These findings suggest that diminished nerve velocity conduction is a severe and latent effect of As intoxication, which contributes to As-induced neuropathy.

Chronic

Environmental and occupational As exposure is not only caused by contaminated drinking water because of the leaching of natural geological resources and it may also occur from mining and other industrial processes.²³

Chronic ingestion of low concentration of As levels can occur through industrial accidents, work and environment, which eventually may cause a higher tolerance for As. An example of such an industrial accident can be found in the early 20th century, in reports on As intoxication caused by contaminated beer in Salford, UK.²⁴ The patients in these reports had a few symptoms in common, they all suffered from ‘peripheral neuritis’ characterized by weakness in the limbs that made it difficult for them to walk.²⁵ In several cases some of the patients suffered from rashes and itching, sometimes these complaints were accompanied by darkening of skin texture. The presence of As in the beer was due to the use of contaminated glucose and inverted sugar by the brewers. Furthermore, the contamination of this sugar is caused by the use of very impure sulphuric acid. The source of As contamination was traced back to invert sugar, which was caused by the action of sulphuric acid on various forms of starch. The original source was the Spanish pyrite from which the sulphuric acid was made and often contained large percentages of As.

Chronic As poisoning represents a global, serious health concern, if As can be found in high concentrated levels in the environment from natural or industrial processes. Arsenic contamination of groundwater has occurred in various parts of the world such as in the Americas, Bangladesh, India,

Taiwan and many other Asian countries. In Bangladesh, a country of 125 million, between 35–77 million people are currently exposed to As through drinking water, which is also the major cause of death, especially among children.^{26,27} As a quick and inexpensive solution for the lack of sufficient and clean drinking water, UNICEF and the World Bank advocated to tap into deeper groundwater. Millions of wells were constructed; infant mortality and gastrointestinal illness were reduced by half. However, later studies revealed that over 40% of these wells are contaminated with As. As a result, due to the daily exposure to As in their drinking water, the population in south east Asia has to endure various ailments caused by As. Chronic symptoms of As exposure are pigmentation changes, gastrointestinal symptoms, anemia, liver disease, a metallic taste and Mees’ lines on the nails,²⁸ black-foot disease and diabetes mellitus.²⁹ Apart from pigmentation changes, As-induced skin pathology caused by chronic intoxication also causes hyperkeratosis, Bowen’s disease, squamous cell carcinoma and basal cell carcinomas.^{30,31} [Hafemann et al. \(2005\)](#) have shown an association between As exposure and peripheral neuropathy in the Bangladesh population that has been chronically exposed to As in drinking water. They showed that increased As exposure, as measured by both cumulative and urinary measures, was associated with evidence of subclinical sensory neuropathy. The correlation between As exposure and neuropathy was shown with the increased vibrotactile threshold, a sign of subclinical sensory neuropathy, on the one hand and subclinical loss of vibratory sensation in the lower extremities, on the other hand.³²

Diagnosis and treatment of As poisoning

Arsenic concentration measurements for diagnostic purpose are usually carried out in urine. Acute As toxicity is usually diagnosed by increased urinary As in excess of 50 µg/l urine sample or 100 µg in 24 h urine, and a shorter time span before examination, if no seafood has been ingested. The urine is collected in metal-free containers. Other biological samples, such as blood and even hair and nails in chronic cases, are also used in the clinical laboratory.

For treatment of acute As poisoning, the primary concern is to correct the dehydration caused by As and restore vital bodily functions. In order to increase elimination, physicians prescribe gastric lavage and activated charcoal, but hemodialysis may also be considered. The efficacy of these detoxification methods, however, has not been well

recorded. Although the metalloid As cannot be categorized as a metal, it shows some metal properties. On the basis of this fact, chelators can be used to remove As ions from the body. For treatment of acute As poisoning, the chelator 2,3-dimercapto-1-propanol (British anti-lewisite, BAL) has been used with successful results.^{33,34} Patients who were administered this drug showed elevated As excretion in their urine. At follow-up, their urinary As concentration was decreased to the background level. At the moment of admittance, neurological examination demonstrated no signs of nervous system depression. However, these patients survived the high dose of ingested As with only latent neuropathy symptoms. Neurological complications such as distal, symmetrical, sensory, axonal neuropathy are late effects of acute As poisoning. These neurological effects are nonresponsive to chelation.³⁵ In clinical cases with chronically-poisoned patients, trials with four As chelators such as BAL, meso-2,3-dimercaptosuccinic acid (DMSA), D-penicillamine and sodium 2,3-dimercapto-1-propanesulfonate (DMPS) did not provide any clinical, biochemical or histopathological benefits.^{36,37} On the other hand studies done in rats with an As chelator such as BAL showed depletion of tissue As and its excretion via urine and faeces.³⁸ Although the binding affinity of a chelating agent for the metal is greater than for endogenous ligands, chelating is generally ineffective for treating established arsenical peripheral neuropathy.³⁹

Kinetics of various As metabolites and their molecular mechanism of toxicity

Kinetics

Arsenic absorption takes place mainly in the small intestines; also a minimal absorption occurs from skin contact and inhalation.^{31,40,41} After ingestion, As is metabolized from inorganic to organic compounds with varying degrees of toxicity and the behavior of the different As species vary markedly. Arsenic speciation of inorganic and organic forms of As is often as important as total quantification, because of their different toxicity and mobility.⁴² Arsenic speciation in biological samples is an essential tool to gain insight into its distribution in tissues and its specific toxicity to target organs.

Arsenic metabolites exist both in organic and inorganic forms and both types can exist in either trivalent or pentavalent oxidation states. The bioavailability of inorganic As is up to 60%. Inorganic As such as arsenate (iAs^V), the pentavalent form and arsenite (iAs^{III}), the trivalent form,

are the most aggressive single substance toxicants, specially the trivalent form. A redox reaction reduces the pentavalent As to its trivalent state. This reduction step from pentavalent to trivalent, results in a more toxic compound through bioactivation that in fact results in bio-activation (Figure 2).

Arsenic metabolism shows a common route of absorption, distribution and excretion both in humans and various animals with subtle interspecies differences. Metabolism of inorganic As starts with intake and absorption. Distribution of As varies per species. This is a result of various factors such as species, bodyweight, route of intake and duration of exposure. After its absorption, As can be found in different organs, in particularly, the liver.^{43,44} Arsenic undergoes hepatic biomethylation to form monomethyl arsenic (MMA) and dimethyl arsenic acids (DMA). Various *in vitro* studies on human and animal livers reveal the next step in iAs detoxification (Figure 2). Detoxification starts with transformation of inorganic As to organic As and reduction of pentavalent arsenate to trivalent arsenite, which results in a more toxic component. The reduction of arsenate to arsenite is catalyzed by glutathione (GSH) and other thiols, which are reducing agents.⁴⁵ Arsenate at physiological pH is ionized and as such is not able to pass cellular membranes. Conversion to arsenite at physiological pH facilitates passage through the cellular membrane.

Metabolism of As continues by using arsenite as its substrate for methylation, which is distributed in tissues and cytosol. However, methylation does not appear to be the primary detoxification pathway for arsenite. Protein binding has been suggested as the initial protective mechanism. Arsenite binding to protein serves as a reservoir and takes place after initial increase in arsenite concentration. When methylation enzymes start to become effective, the reservoir may slowly release small amounts of arsenite for methylation.⁴⁶ The methylation of arsenite is catalyzed by a specific methyltransferase using S-adenosylmethionine as a methyl donating cofactor (SAM).^{43,47} Addition of a methyl group to arsenite leads to synthesis of pentavalent MMA^V. The MMA^V in turn is reduced to trivalent MMA (MMA^{III}) by GSH, the reducing agent. Another round of methyltransferase activity with MMA^{III} results in production of DMA. However, it is not clear whether the same SAM is used for methylation of MMA and DMA or that two separate SAMs are being used for these two methylation steps. Theoretically, conversion of arsenate to DMA could be extended by one more round to achieve trimethylarsenic acid (TMA).^{43,48} A second possible conversion route to MMA and DMA was introduced by the *in vitro*

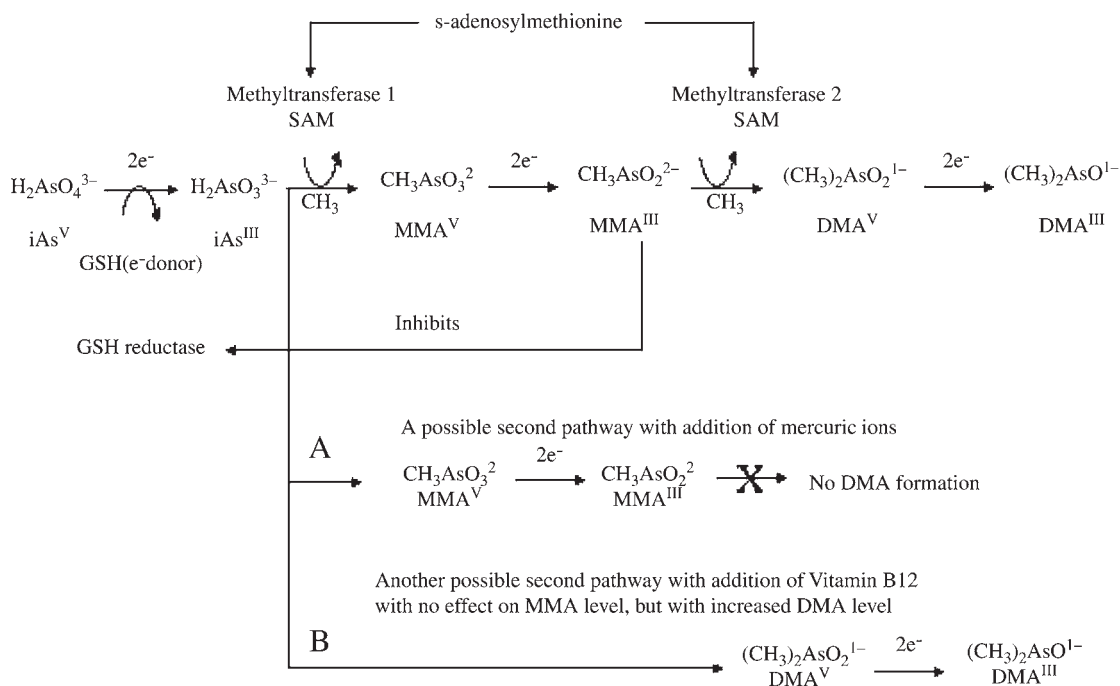


Figure 2 Two possible pathways are shown for arsenate methylation. The main pathway is a straightforward bioactivation (metabolic activation) of arsenate in MMA, DMA and the theoretical conversion into TMA (not shown).^{46,53,59} A possible second pathway is direct metabolism of iAs (A) to either MMA without further conversion to DMA or (B) increase in DMA levels, while the MMA levels stay intact.⁴⁴

studies of Buchet and Lauwerys, by adding mercuric ions; they prevented the formation of DMA without affecting MMA formation.^{44,45} Furthermore, it was evident that the addition of cyanocobalamin or methylcyanocobalamin (vitamin B12) and coenzyme B12 in combination with SAM resulted in a significant increase of DMA and no additional increase in MMA level. This experiment revealed two different enzymatic activities involved in methyltransferase to either MMA or DMA (Figure 2).

The methylation process has been thought to be the detoxification mechanism for As. This is true when this line of reasoning is applied to parameters of acute toxicity of As species, such as LC_{50} or LD_{50} . As a rule, the trivalent As compounds are more cytotoxic than their pentavalent forms. However, various studies in animals and cell cultures have shown the adverse effects of methylated As, such as DMA^{V} as a tumor promoter^{49,50} or direct genotoxic action of MMA^{III} and DMA^{III} *in vitro*.^{43,51}

The main excretion route of As is through the urine and bile. However, the various As metabolites do not excrete in the same fashion in different animals and humans. For example, studies in rats have shown that pentavalent metabolites such as iAs^{V} , MMA^{V} and DMA^{V} are exclusively excreted into urine, MMA^{III} only into bile and iAs^{III} into both bile and urine.⁵² In contrast, human studies revealed

the presence of MMA^{III} in urine.^{53,54} Arsenic studies carried out by Csanaky and Gregus in rats, mice, hamsters, rabbits and guinea pigs revealed some similarities. All species injected with iAs^{V} excreted various As metabolites into urine, in contrast to injection with iAs^{III} , which showed higher excretion into bile rather than urine.⁵²

Mechanism

These metabolites exert their toxicity by inactivating many enzymes, especially those involved in the cellular energy pathway and DNA synthesis and repair. Arsenic is substituted for phosphate in high-energy compounds such as ATP. Arsenic binds covalently with sulfhydryl groups in their reduced form. These interactions also take place with certain enzymes necessary for cellular metabolism.¹⁷ Various As carcinogenesis studies have revealed that As may alter one or more DNA repair processes. Andrew *et al.* have shown that patients exposed to As have altered nucleotide excision repair mainly on the excision repair cross-complement 1 (ERCC1) component. Arsenic exposure was associated with decreased expression of ERCC1 in isolated lymphocytes at the mRNA and protein levels.⁵⁵ In short, As exposure results not only in metabolic cytotoxicity, but also in neuronal diseases and carcinogenesis.

Tri-valent As (iAs^{III} , MMA^{III} and DMA^{III}) compounds are thought to interact with thiol groups of proteins and enzymes in their reduced state. This is believed to inhibit the catalytic activity of enzymes.⁵⁴ The common thinking is that tri-valent As metabolites inhibit pyruvate dehydrogenase (PDH), which leads to disruption of the energy system of the cell,⁵⁶ which in turn may release an apoptosis-inducing factor (AIF) resulting in cell damage and death. Apoptosis-inducing factor is released from the mitochondrial intermembrane space from where it translocates to the cell nucleus.⁵⁷ Apoptosis is associated with early formation of ring-like perinuclear condensed chromatin co-localized with AIF, DNA fragmentation and finally cell death. Pentavalent As (iAs^V , MMA^V and DMA^V) is substituted for phosphorus in many biochemical reactions. Replacing the stable phosphorus anion in phosphate with the less stable As^V anion leads to rapid hydrolysis of high-energy bonds in compounds such as ATP. At the level of the citric acid cycle, As inhibits succinate dehydrogenase and by competing with phosphate it uncouples oxidative phosphorylation, thus inhibiting energy-linked reduction of NAD^+ , mitochondrial respiration and ATP synthesis. This leads to loss of high-energy phosphate bonds and effectively uncouples oxidative phosphorylation.^{58,59}

Another approach is that trivalent As inhibits enzyme complexes by reactive oxygen species (ROS), indicating that ROS production by trivalent As causes PDH inactivation through oxidation.⁶⁰ Inactivation through oxidation causes impaired gluconeogenesis and reduced oxidative phosphorylation.⁶¹ Production of ROS by As was determined by use of a nonfluorescent dye 5',6'-chloromethyl-2',7'-dichlorodihydrofluorescein ($CM-H_2DCFDA$), which is a nonspecific radical detector to identify the radical species.⁶² Cells pretreated with $CM-H_2DCFDA$ and subsequently exposed to arsenite exhibit a dose-dependent increase in fluorescence levels within minutes of treatment when compared with controls.⁶³ Using DMSO in these experiments as radical scavenger in the reaction mix reduced the fluorescence signal to a near-background level.

Arsenic-induced neurotoxicity

Arsenic effects manifest themselves weeks after first exposure as both central and peripheral neuropathy. Central neuropathy due to As poisoning has been reported to cause impairment to neurological func-

tions such as learning, short-term memory and concentration.⁶⁴ People chronically poisoned by As occurring naturally in groundwater may suffer from toxic delirium and encephalopathy.³⁹ Neuropsychological tests showed mildly impaired psychomotor speed and attentive processes, whereas verbal learning and memory were severely impaired.

The most frequent neurological manifestation by As is peripheral neuropathy that may last for several years or even life-long. The peripheral neuropathy may lead to rapid severe ascending weakness, similar to the Guillan-Barré syndrome, requiring mechanical ventilation. Peripheral neuropathy is common in persons chronically exposed to As-contaminated drinking water.⁶⁵

From human clinical cases studied by Le Quesne and McLeod it became clear that As exposure results in a latent reaction to the nervous system, which was established through their reduced nerve conduction velocities (NCVs) measurements.²² These patients showed some recovery in the years following exposure to As; however, a full NCV regain was not achieved. It is doubtful whether PNS symptoms will ever disappear completely.

Patients exposed to As show significantly lower NCVs in their peripheral nerves in comparison with their referents.^{21,34,66} Perhaps, changes in cytoskeletal composition may be the major reason of As poisoning leading to axonal degeneration, which in turn could lead to axonopathy.

An actual mechanistic model for As neurotoxicity is as yet not easy to hypothesize, although interference with cytoskeletal proteins is a primary consideration. Therefore, one may look for such mechanistic parallels in other neurotoxins, especially neurotoxic metals, but also in other neurodegenerative diseases.

Metals as environmental pollutants such as lead and mercury have been associated with neurodegenerative diseases.⁶⁷ Exposure to aluminum, lead and mercury are known to have caused abnormalities in the nervous system related to interference with the cytoskeleton. Clinically, symptoms may occur as peripheral and central neuropathies. Aluminum has been known to cause dialysis encephalopathy in some individuals with renal failure. Furthermore, it has been suggested that aluminum might be implicated in Alzheimer's disease (AD), because of some similarities in pathological changes. The pathological changes in both cases can be summarized as presence of neurofibrillary tangles as diagnostic hallmarks AD.⁶⁸ However, further examination of these tangles has shown differences in their tangles between AD and the aluminum-exposed patients, in AD patients tangles consist of paired helical

filaments, whereas those induced by aluminum are single.⁶⁹ Aluminum exposure in animal studies has shown induction of neurofibrillary degeneration. Phosphorylation of cytoskeletal proteins appears to modulate their interactions with one another and with other cellular proteins. Disruption of the phosphorylation of cytoskeletal proteins results in disorganization of the cytoskeletal structure.⁷⁰ Other metals as neurotoxicants such as lead have also been indicated in the etiology of amyotrophic lateral sclerosis (ALS), whereas manganese has been reported to be involved in Parkinson's disease (PD) or a similar syndrome, Parkinsonism. Exposure to lead has been shown to be related to ALS in a case-control study conducted in New England from 1993 to 1996.^{71,72} Generally, ALS is divided into two forms: (1) the classic sporadic form (2) the familial, presumably hereditary form. The cause of the sporadic form is unknown. The cause of the familial form is believed to be genetic, attributable to a mutation in Cu-Zn superoxide dismutase.⁷³ Studies in occupational exposure have suggested an association between PD and elevated exposure to manganese.⁷⁴ Exposure to manganese can cause neurotoxicity and a neurological syndrome that resembles PD.⁷⁵

Neurofilament proteins are major constituents of neurons and they control axonal caliber, transport and signal.⁷⁶ In neurodegenerative diseases such as AD, it appears that the metabolism of neurofilaments is disturbed, as indicated by the presence of neurofilament epitopes in the neurofibrillary tangles, as well as by the severe reduction in the expression of the gene for the light neurofilament subunit of the neurofilament triplet (neurofilament High, -Middle and -Light) in brains of AD patients.⁷⁷ Accumulation of neurofilaments in the proximal cell body and the perikaryon of motor neurons is a hallmark of ALS and PD.^{73,76} Disruption and disorganization of neurofilament transport and neuron cytoskeletal network is a pathological feature seen in all of these neurodegenerative diseases.

In rats exposed to As, decrease of the neurofilament Light subunit (NF-L) in sciatic nerve is evident.⁷⁸ Arsenic-induced decrease of NF-L may play an important role in the pathological changes of the nervous system, as NF-L is the only NF protein capable of independently organizing and co-assembling filaments *in vivo*. Both NF-H and NF-M need NF-L protein to form a heteropolymer in the cytoskeletal framework.⁷⁹ However, *in vitro* studies with iAs^{III} in neuroblastoma (SK-N-SH) and Schwannoma (ST-8814) cell lines show no effect on their mRNA expression level of cytoskeletal genes.⁸⁰ Thus, it can be suggested that the decrease in NF-L expression is

a post-translational activity as a result of a proteolytic process. Calpain (calcium-activated cytoplasmic protease) could be responsible for NF-L degradation, since neuroblastoma cells (SY-5Y) treated with ATO (trivalent As) show an increase in intracellular calcium.⁸¹ Studies in PC12 cells under oxidative stress circumstances have shown an increase of calcium in the cells and upregulation of calpain leading to degradation of NF-L protein.⁸² Furthermore, inactivation of calpain by calpain inhibitor (MDL-28170) prevents NF-L breakdown.^{83,84} These results suggest that As-induced destabilization and disruption of the cytoskeletal framework is partly due to activation of calpain, through influx of Ca²⁺, which in turn is responsible for NF-L degradation in a calcium-induced proteolytic process.

Another important cytoskeletal protein in neurodegenerative diseases is the tau protein (MAP-tau), which is a member of the microtubule protein family transcribed by alternative splicing of a single gene. It has tandem repeats of a tubulin binding domain and promotes tubulin assembly. Although tau proteins are found in all cells, they are major components of neurons, where they are predominantly associated with microtubules of the axon. Changes in tau-protein may play a role in the pathogenesis of neurodegenerative diseases. In AD patients, MAP-tau becomes abnormally hyperphosphorylated and accumulates as tangles of paired helical filaments in neurons undergoing degeneration. Hyperphosphorylated MAP-tau disorganizes microtubules assembly from normal tau and tubulin, which may then lead to the formation of the neurofibrillary tangles and the degeneration of the affected neurons in AD patients. Arsenic may affect the phosphorylation of tau-proteins as well. Giasson *et al.* demonstrated hyperphosphorylation of tau-proteins in Chinese hamster ovary (CHO) cells *in vitro* after treatment with iAs^{III}.⁸⁵ They also showed that iAs^{III} causes a significant increase in the phosphorylation of several amino acid residues in tau. This is in line with experiments in rats with iAs^{III}, which have also shown that the rats' MAP-tau was hyperphosphorylated after dosing them with iAs^{III} (unpublished data). These results indicate that As may be involved in the cascade leading to deregulation of tau function associated with neurodegeneration.

Conclusion

Arsenic compounds are toxic substances with very profound effects on human health. Metabolism of

As involves reduction of pentavalent As to a trivalent state and subsequent oxidative methylation. The adverse effects caused by As metabolites vary. The molecular mechanism of action can be summarized as involvement in cellular energy pathway, disruption of oxidative phosphorylation, hyperphosphorylation and altering the DNA synthesis and repair. Acute As intoxication has only been treated successfully with BAL. Furthermore, none of the chelators have ever been successful in treating chronic As intoxication. Arsenic neuropathy occurs weeks or even months after initial exposure in the acute cases, and it is also present in chronically exposed patients. Reduced NCV in the PNS is a hallmark of As neuropathy. The neuropathy is primarily due to destruction of axonal cylinders and compositional changes, leading to axonopathy. The cytoskeletal changes are caused by disruption of the neurofilament and microtubule network in the nerve cells, namely through gradual degradation of NF-L by calpain, since iAs^{III} does not affect expression on gene level and hyperphosphorylation of NF-L and MAP-tau. The probable functional disturbances of these proteins such as transport and signaling and pathological changes such as reduction in caliber of axons may lead to axonopathy. These functional and pathological changes manifest themselves in clinical signs of neuropathy.

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Exhibit 47



Texas Department of Criminal Justice

STEP 1 OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2011211063
 Date Received: AUG 05 2011
 Date Due: 9.14.11
 Grievance Code: 522
 Investigator ID #: J1554
 Extension Date: _____
 Date Retd to Offender: SEP 04 2011

Offender Name: Keith M. Cole TDCJ # 728748
 Unit: Pack-1 Housing Assignment: 5-Dorm 14-Bunk-B
 Unit where incident occurred: Pack-1 Unit

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.
 Who did you talk to (name, title)? Mr. Robert Herrera Unit Warden AUG 03 2011 When? 7-2-2011 via I-60
 What was their response? Never received a response. AUG 03 2011
 What action was taken? NONE!!! AUG 03 2011

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate. Records will show that Plaintiff is serving a **LIFE SENTENCE** and has been incarcerated in T.D.C.J. for approximately **17½ YEARS** (over 9 years on the Eastham Unit and 7 years at Jester-3). Recently Plaintiff was transferred to the Pack-1 Unit and based on the years he was assigned to Eastham and Jester-3, he could be assigned to Pack-1 **LONG-TERM**. Plaintiff's Medical Records clearly show that over this 17½ year time span, he has been diagnosed with several **CHRONIC, DANGEROUS, and LIFE THREATENING** medical conditions. (Hypertension, Diabetes Type-2, Hyperlipidemia and **SEVER CORONARY ARTERY DISEASE** and possibly Hepatitis-C).

There is a **NOTICE POSTED** in the Pack-1 Infirmary **WARNING OFFENDERS** of the **ARSENIC** levels in the drinking water supplied to the Offender Population. According to this notice and the U.S. Environmental Protection Agency, the **ARSENIC LEVELS** found in this water over the long-term can be **DEVASTATING** for and Offender who has the pre-disposed medical conditions as Plaintiff.

On 7-2-2011 Plaintiff sent an I-60 to Unit Warden Robert Herrera informing him of Plaintiff's **SERIOUS, CHRONIC** medical conditions and the possible effects of long-term exposure to the Arsenic in his drinking water. In order to rectify this complaint, Plaintiff requested that he be provided with a sufficient amount of bottled water or safe drinking water to maintain hydration and good health. To date Plaintiff has received **NO RESPONSE!!!**

Let this I-127 serve to place on Notice T.D.C.J. I.D. employee Warden Robert Herrera **ON NOTICE**, that the arsenic levels in Plaintiff's drinking water is deleterious to his physical health. To date Warden Herrera's acts or omissions, constitute an invidious disregard of Plaintiff's rights under U.S. 42 § 1983 and the Texas Tort Claims Act. Your failure to rectify this problem will result in **LEGAL ACTION.** AUG 03 2011

AUG 03 2011

tion Requested to resolve your Complaint.

That Plaintiff be provided with a sufficient amount of bottled water or safe drinking water maintain hydration and good health. AUG 03 2011

ender Signature: [Signature]

Date: 8-2-2011

evance Response:

This grievance is redundant to grievance #2011159305, please refer to that grievance for disposition.

Warden Herrera

ature Authority: [Signature]

Date: 9/2/11

u are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. the reason for appeal on the Step 2 Form.

turned because: *Resubmit this form when the corrections are made.

- 1. Grievable time period has expired.
- 2. Submission in excess of 1 every 7 days. *
- 3. Originals not submitted. *
- 4. Inappropriate/Excessive attachments. *
- 5. No documented attempt at informal resolution. *
- 6. No requested relief is stated. *
- 7. Malicious use of vulgar, indecent, or physically threatening language. *

The issue presented is not grievable.

Redundant, Refer to grievance # 2011159305 AUG 03 2011

8. Illegible/Incomprehensible. *

9. Inappropriate. *

Printed Name/Signature: [Signature]

AUG 03 2011

ication of the screening criteria for this grievance is not expected to adversely affect the offender's health.

cal Signature Authority: _____

AUG 04 2011

OFFICE USE ONLY

Initial Submission UGI Initials: [Signature]

Grievance #: 2011209357

Screening Criteria Used: 4 9

Date Recd from Offender: 8-3-11

Date Returned to Offender: 8-3-11

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

OCT 06 2011



Texas Department of Criminal Justice
STEP 2
OFFENDER
GRIEVANCE FORM

Offender Name: KEITH M. COLETDCJ # 728748
729748Unit: PACK-1Housing Assignment: 5-14-BUnit where incident occurred: PACK-1**OFFICE USE ONLY**Grievance #: 2011211063UGI Recd Date: 9-10-11HQ Recd Date: SEP 13 2011Date Due: 10-11Grievance Code: 522Investigator ID#: I-1349

Extension Date: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). *I am dissatisfied with the response at Step 1 because...*

Plaintiff contends, the Unit Warden Robert Herrera and Grievance Investigator Ms. L. Mantle conspired to circumvent Plaintiff's **DUE PROCESS RIGHTS** in direct violation of clearly established Agency Policy.

CASE IN POINT: Upon review of grievance # 2011211063 in the Official Response, Unit Warden Robert Herrera in an attempt to evade the substantive issues presented by Plaintiff, **RESCREENED** this I-127 and stated that it was redundant to grievance # 2011159305, and returned to Plaintiff without any further investigation.

According to clearly established **AGENCY POLICY**, if a grievance is determined to be redundant, it is to be returned to the Offender **PRIOR TO PROCESSING**, giving the Offender an opportunity to correct and resubmit. **THIS SCREENING PROCESS IS THE RESPONSIBILITY OF THE UNIT GRIEVANCE INVESTIGATOR AND NOT THE UNIT WARDEN!!!!!!**

In addition, this grievance is clearly directed at one single Prison Official (Unit Warden Robert Herrera). The facts clearly show, that Plaintiff's attempt at an informal resolution, his request for relief and his **NOTICE OF VIOLATIONS OF HIS CONSTITUTIONAL RIGHTS** were all directed to Mr. Robert Herrera. Yet, Mr. Herrera reviewed and responded to a grievance that was against himself. Plaintiff contends, that it was highly unlikely that his grievance was fairly and impartially reviewed.

Grievance #s 2011159305, 2011211063 are not redundant.

CASE IN POINT: On 8-3-2011 grievance # 2011211063 was returned to Plaintiff stating that it was redundant to grievance # 2011159305. **PLAINTIFF WAS DUMBFOUNDED!!!** After an I-60, Plaintiff was called to the grievance office on 8-5-2011 and after presenting the facts, it was determined that grievance # 2011211063 **WAS NOT REDUNDANT**, and was approved for processing and investigation.

I-128 Front (Revised 9-1-2007) **YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM**

(OVER)

Grievance #2011159305 was filed because U.T.M.B.C.M.C. employee Dr. Fausto Avila refused or failed to provide Plaintiff with the bottled water he requested. (The very high levels of arsenic in his drinking water exacerbate any of his chronic medical conditions?). To date Plaintiff has not received a definitive answer to this serious medical concern.

As a result, Plaintiff requested that T.D.C.J.I.D. provide him with bottled water and due to the fact that Warden Herrera refused or failed to respond to this request, Plaintiff filed grievance# 2011211063. The only thing redundant in these complaints, is the arsenic levels in the water. The issues and complaints and relief requested are in no way redundant. These are two separate complaints to TWO DIFFERENT STATE AGENCIES.

All that I ask for, is for someone to put forth a good faith effort and fairly investigate my complaint.

Offender Signature: [Signature]

Date: 9-4-2011

Grievance Response:

Upon further review of your Step 1 complaint. This matter was appropriately addressed at the Step 1 level. No further action is warranted.

B. Armstrong

Assistant Regional Director

Signature Authority: [Signature]

Date: SEP 22 2011

Returned because: **Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY

Initial Submission CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____